

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730263** (1)  
1. Corporation Name  
**TOWN 'N COUNTRY VOLUNTEER FIRE RESCUE ASSN., INC**



Principal Place of Business <b>8901 MEMORIAL HWY. TAMPA FL 33615 US</b>	Mailing Address <b>P O BOX 260699 TAMPA FL 33685-0699</b>
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3. Date Incorporated or Qualified <b>07/24/1974</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1614088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**MORRIS, MICHELLE  
11305 MARLEE CT  
TAMPA FL 33635**

10. Name and Address of New Registered Agent

81 Name <b>Yolanda KNOX</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9513 Sun Dial Dr.</b>
83
84 City <b>Tampa</b>
85 State <b>FL</b>
86 Zip Code <b>33635</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Yolanda Knox* *Yolanda Knox* DATE **3-12-97**

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>SEAMON, ROBERT</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>7007 BAYWOOD COURT</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	NAME <b>SOLLEE, JAMES</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>9513 SUNDIAL DR</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VP</b>	NAME <b>LEGGET, FRED</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>4916 HALIFAX DR.</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>P</b>	NAME <b>MORRIS, MICHELLE</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>11305 MARLEE COURT</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>ST</b>	NAME <b>JOHN SAUTER</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>7003 BAYWOOD CT.</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>ST</b>	1.2 NAME <b>SEAMON, ROBERT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <b>7007 BAYWOOD COURT</b>	1.4 CITY-ST-ZIP <b>Tampa, Fla.</b>	
2.1 TITLE <b>P</b>	2.2 NAME <b>LEGGET, FRED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS <b>4916 HALIFAX RD.</b>	2.4 CITY-ST-ZIP <b>Tampa, Fla.</b>	
3.1 TITLE <b>T</b>	3.2 NAME <b>Yolanda Knox</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.3 STREET ADDRESS <b>9513 Sun Dial Dr</b>	3.4 CITY-ST-ZIP <b>Tampa, Fla. 33635</b>	
4.1 TITLE <b>VP</b>	4.2 NAME <b>JAMES ANDERSON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS <b>8810 Brys Dr</b>	4.4 CITY-ST-ZIP <b>Tampa, Fla. 33615</b>	
5.1 TITLE <b>D</b>	5.2 NAME <b>MARTY COHN</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS <b>8810 Brys Rd.</b>	5.4 CITY-ST-ZIP <b>Tampa, Fla. 33615</b>	
6.1 TITLE <b>D</b>	6.2 NAME <b>John Cummings</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.3 STREET ADDRESS <b>12004 OAKSBOUR DR.</b>	6.4 CITY-ST-ZIP <b>Tampa, Fla. 33624</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yolanda Knox* *Yolanda Knox* DATE: **3-12-97 (813) 253-3618** WORK

CR2E037 (9/96)