

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730291 (2)

1. Corporation Name

DADE CITY FIRE RESCUE, INC.



Principal Place of Business

**14317 4TH ST
DADE CITY FL 33525
US**

Mailing Address

**14317 4TH ST
DADE CITY FL 33525
US**

3. Date Incorporated or Qualified
07/26/1974

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLS, BARBARA A
14317 4TH ST
DADE CITY FL 33525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent, and date if applicable

Barbara A. Wells

02/08/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **ED** ☐ DELETE
NAME **CABOT, ROBERT**
STREET ADDRESS **14317 4TH STREET**
CITY-STATE-ZIP **DADE CITY FL**

TITLE **P** ☒ DELETE
NAME **THOMPSON, P C BUBBA**
STREET ADDRESS **14317 4TH ST**
CITY-STATE-ZIP **DADE CITY FL**

TITLE **V** ☐ DELETE
NAME **HICKS, T L**
STREET ADDRESS **14317 4TH STREET**
CITY-STATE-ZIP **DADE CITY FL**

TITLE **SD** ☐ DELETE
NAME **SHIREMAN, K L**
STREET ADDRESS **14317 4TH ST**
CITY-STATE-ZIP **DADE CITY FL**

TITLE **T** ☐ DELETE
NAME **WELLS, BARBARA A**
STREET ADDRESS **14317 4TH STREET**
CITY-STATE-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ DELETE
NAME **HUGHES, D.M.**
STREET ADDRESS **14317 4TH ST**
CITY-STATE-ZIP **DADE CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

P ☐ Change ☒ Addition
WUBBENA, J. P.
14317 4TH ST
DADE CITY, FL.

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *J. P. Wubbena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96

Date

(352) 521-1492

Daytime Phone #

CR2E037 (12/95)