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Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

14317 4TH ST
DADE CITY FL 33525- 33523
US14317 4TH ST
DADE CITY FL 33523-3412
US3. Date Incorporated or Qualified
07/26/19743a. Date of Last Report
02/14/1996

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

25

29

30

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- 33523

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 *Barbara A. Wells*

03/20/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ED ☒ DELETE
NAME CABOT, ROBERT
STREET ADDRESS 14317 4TH STREET
CITY - ST - ZIP DADE CITY FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE P ☐ DELETE
NAME WUBBENA, J P
STREET ADDRESS 14317 4TH STREET
CITY - ST - ZIP DADE CITY FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE V ☐ DELETE
NAME HICKS, T L
STREET ADDRESS 14317 4TH STREET
CITY - ST - ZIP DADE CITY FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE SD ☐ DELETE
NAME SHIREMAN, K L
STREET ADDRESS 14317 4TH ST
CITY - ST - ZIP DADE CITY FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE T ☐ DELETE
NAME WELLS, BARBARA A
STREET ADDRESS 14317 4TH STREET
CITY - ST - ZIP DADE CITY FL 335255.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME HUGHES, D.M.
STREET ADDRESS 14317 4TH ST
CITY - ST - ZIP DADE CITY FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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: *J.P. Wubbena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/97

Date

Daytime Phone # 0045555

CR2E037 (9/96)