

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00** 61,25

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 10 PM 1:42**

**DOCUMENT # 732681 (2)**  
1. Corporation Name  
**UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC**

Principal Place of Business      Mailing Address  
**133-29 KENNEDY ST UNIT 1  
PO BOX 606 (MAILING ADDRESS)  
INTERLACHEN FL 32148**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>05/07/1975</b>	3a. Date of Last Report <b>03/07/1994</b>
4. FEI Number <b>51-0191143</b>	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**DUSSEAU, VERNON  
133-29 KENNEDY ST.  
UNIT 16  
INTERLACHEN FL 32148**

10. Name and Address of New Registered Agent  
**81 Name Gene Hart--Chief, Director  
82 Street Address (P.O. Box Number is Not Acceptable) 133-29 Kennedy St  
83 Unit 16  
84 City Interlachen FL 85 Zip Code 32148**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Gene Hart, Chief** *Gene Hart* DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD DOANE, WILLIAM 910 O'FARRELL AVE. INTERLACHEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD FORD, RAYMOND PO BOX 398 N/A INTERLACHEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD CHESSEY, BETTY PO BOX 285 N/A HOLLISTER FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD SEELEY, HAZEL RT 1 BOX 334B N/A INTERLACHEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD DUSSEAU, VERNON RT 1 BOX 303 N/A INTERLACHEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KLEIN, ELANE PO BOX 1804 N/A INTERLACHEN FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>P D Barton, Hugh Rt. 1, Box 376F N/A Interlachen FL 32148</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>V D <del>Turner, Dianne</del> Greene, James F P O Box 603 N/A Hollister FL 32147</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>S D Gaige, Wanda P O Box 603 N/A Hollister FL 32147</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>T D Gilmore, Lowell Route 1, Box 407 F N/A Interlachen FL 32148</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: *Lowell Gilmore* **3/30/95** 904 684 6388