


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90093 038 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734088					
1. Corporation Name CONNELL HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business ENT. INC. 800 N. ROCKCRUSHER RD. CRYSTAL RIVER FL 32629			Mailing Address % CONNELL HEIGHTS VFD. INC. P.O. BOX 845 CRYSTAL RIVER FL 34429 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/17/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		03-0000607	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REDD, CLARENCE 398 N. TURKEY PINE LOOP LECANTO FL 34461				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	VD	NAME		BURLHART, SCOTT		<input type="checkbox"/> DELETE	
STREET ADDRESS	5840 WEST SPICEY HILL DRIVE			CITY-ST-ZIP		HOMOSASSA FL	
TITLE	D	NAME		CJRMOSTER, DAVOD		<input type="checkbox"/> DELETE	
STREET ADDRESS	6180 W GLEN ROBIN CT			CITY-ST-ZIP		CRYSTAL RIVER FL 34429	
TITLE	PD	NAME		REDD, CLARENCE		<input type="checkbox"/> DELETE	
STREET ADDRESS	398 N. TURKEY PINE LOOP			CITY-ST-ZIP		LECANTO FL	
TITLE	SD	NAME		REGALO, KEITH		<input type="checkbox"/> DELETE	
STREET ADDRESS	6240 W LEXINGTON DR			CITY-ST-ZIP		CRYSTAL RIVER, FL 00000	
TITLE	D	NAME		BRUNO, CARMEN		<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	5627 W IRVING COURT			CITY-ST-ZIP		HOMOSASSA FL	
TITLE	T	NAME		YOUNG, CARL		<input type="checkbox"/> DELETE	
STREET ADDRESS	1065 N PALM SPRINGS TERR			CITY-ST-ZIP		CRYSTAL RIVER FL 34429	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.4 CITY-ST-ZIP		2.1 TITLE		2.2 NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.4 CITY-ST-ZIP		4.1 TITLE		4.2 NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.4 CITY-ST-ZIP		6.1 TITLE		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *Clarence Redd* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** 1/29/99 **DAYTIME PHONE #** (352) 5278418

CR2E037 (11/98)