FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739622 (9)

1. Corporation Name

THE PICCIOLA AREA VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business	Mailing Address
P.O. BOX 172 FRUITLAND PARK FL 34731	P.O. BOX 172 FRUITLAND PARK FL 34731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1977
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1756723 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG FL 34748

10. Name and Address of New Registered Agent

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 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 02/09/95
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	SHAFFER, J. ALLEN	12 NAME		
STREET ADDRESS	1219 OSCROLA AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748	14 CITY-ST-ZIP		
TITLE	~~VPD~~	21 TITLE		☐ Change ☐ Addition
NAME	~~PATTON, STEVEN~~	22 NAME		
STREET ADDRESS	~~1514 W. SCHWARTZ~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~LADY LAKE FL 32159~~	24 CITY-ST-ZIP		
TITLE	~~SD~~	31 TITLE	VICE PRESIDENT/D	☑ Change ☐ Addition
NAME	~~GAMBLE, BRIAN~~	32 NAME	GAMBLE, BRIAN	
STREET ADDRESS	~~837 BERRYHILL CIRCLE~~	33 STREET ADDRESS	837 BERRYHILL CIRCLE	
CITY-ST-ZIP	~~FRUITLAND PARK FL 34731~~	34 CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	KAUFFMAN, DAVID	42 NAME		
STREET ADDRESS	1208 N. LEE ST. LOT 168	43 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748	44 CITY-ST-ZIP		
TITLE		51 TITLE	~~WILLIAM TILLERY~~ SECRETARY	☐ Change ☑ Addition
NAME		52 NAME	WILLIAM TILLERY	
STREET ADDRESS		53 STREET ADDRESS	1922 S. Fern Circle	
CITY-ST-ZIP		54 CITY-ST-ZIP	Leesburg 34748	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: [signature] 2/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date Typed or Printed

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