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98 JUN -5 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739622 (9)  
1. Corporation Name  
THE PICCIOLA AREA VOLUNTEER FIRE DEPARTMENT, INC

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

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

3. Date Incorporated or Qualified  
07/11/1977  
4. FEI Number 59-1756723 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  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<del>CHARLES D JOHNSON</del>
NAME	ULLERY, BARBARA	1.2 NAME	
STREET ADDRESS	7787 CR 109	1.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	1.4 CITY-ST-ZIP	
TITLE	VP/D	2.1 TITLE	VICE PRES. / D
NAME	TILLERY, WILLIAM	2.2 NAME	BRIAN SHEPPARD
STREET ADDRESS	1822 S. FERN CIR	2.3 STREET ADDRESS	02505 SPRING LAKE RD.
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	P/D	3.1 TITLE	<del>SECRETARY</del> / D
NAME	GAMBLE, BRIAN	3.2 NAME	SUMNER EDWARDS
STREET ADDRESS	837 BERRYHILL CIRCLE	3.3 STREET ADDRESS	306 W. HERMOSA ST.
CITY-ST-ZIP	FRUITLAND PARK FL 34731	3.4 CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	TD	4.1 TITLE	<del>SECRETARY</del> / D
NAME	ULLERY, LARRY	4.2 NAME	KIM SHAFER
STREET ADDRESS	7787 CR 109	4.3 STREET ADDRESS	40255 ORANGE CIRCLE
CITY-ST-ZIP	LADY LAKE FL	4.4 CITY-ST-ZIP	LADY LAKE FL 32159
TITLE		5.1 TITLE	
NAME	800002553618-8	5.2 NAME	
STREET ADDRESS	-06/09/98--01114--013	5.3 STREET ADDRESS	
CITY-ST-ZIP	*****61.25 *****61.25	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE:  BRIAN GAMBLE 4-28-98 352-898-4254

CP2E037 (10/97)