FILE NOW: FILING FEE IS \$61.25

| CORPORATION ANNUAL REPORT Secretary of | ortham | Jun 09 1998 8:00an |
|--|--|---|
| 1998 DIVISION OF COR | 1 | Secretary of State |
| DOCUMENT # 740887(5) 1. Corporation Name Hawthorne Regional Firefighters; | Association | inc. |
| Principal Place of Business HOSS. Johnson Street P.O. Box 1 185 Bedwater Lake Pd. Hawthorne, Hawthorne, PL 32640 | 807 3 FC 2640 | 3. Date Incorporated or Qualified Applied For Not Applicable |
| 2. Principal Place of Business 2a. Mailing Address | | 5. Certificate of Status Desired \$8.75 Additional |
| 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | ,, | Fee Required Lection Campaign Financing \$5.00 May Be |
| City & State City & State | 7. | Trust Fund Contribution Added to Fees Is this nonprofit corporation a homeowners association? |
| 7:- | Country 8. | Yes PNo This corporation owes or has paid the current year Intancible Personal Property Tax due June 30. Yes PNo |
| 9. Name and Address of Current Registered Agent | 10. | Name and Address of New Registered Agent |
| 50 | 81 Name | |
| as as ast year | 82 Street Address (F | P.O. Box Number is Not Acceptable) |
| Albert N. Medici | 83 | |
| Rt 1 Bux 427 32(16) | 84 City | ■ 85 Zip Code |
| 11. Pursuant to the provisions of Soctions 617,0502 and 617,1508. Florida Statutes, the | above-named cornoration | |
| 11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, am familiar with, and accept the obligations of, Soction 617.0503, Florida Statutes. | | |
| SIGNATURE | | |
| 10 | tored Agent signature required when 3. | |
| 10 P | 1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change |
| | P NAME | ☐ Change ☐ Addition |
| | SUPERT ADDRESS | |
| CITY-ST-ZIP 1 DAME AS WEST YEAR | 4 CITY-ST-ZIP | <u> </u> |
| | 1 TITLE | ☐ Change ☐ Addition |
| | 2 NAME | |
| STREET ADDRESS PO BOX 1180 Thuy 301 | 3 STREET ADDRESS | |
| THE THEORY OF THE SECOND | 4 CITY - ST - ZIP I TITLE | |
| NAME T. C. L. C. | NAME _ | (new 911 address and Addition |
| PIOCET ADDIVIO | STREET ADDRESS | ange-185 Redwater Lake Rd |
| and the second s | CITY-ST-ZIP | Hauthorne a 32440 |
| | TITLE | ☐ Change ☐ Addition |
| | 2 NAME | |
| OIT OF THE | STREET ADDRESS | |
| UTIE 4.4 | CHY-SI-ZIP | |
| IAME 51 | TITLE | 000002553730((Addition |
| TREET ANDRESS | STREET ADDRESS | -06/09/9801123004 76 g |
| NEW OF THE | CITY-ST-ZIP | ***B.75 |
| The Constant | TITLE | Change Addition |
| | NAME | |
| TREEF ADDRESS 6.3 | STREET ADDRESS | -06/09/9801123003 |

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

***61.25