


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **743234** (7)

1. Corporation Name

**HOLT VOLUNTEER FIRE DEPARTMENT, INC.**



|                                                                                                      |                                                                                          |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>HOLT VOL. FIRE DEPT.<br/>P.O. BOX 226<br/>HOLT FL 32564<br/>US</b> | Mailing Address<br><b>HOLT VOL. FIRE DEPT.<br/>P.O. BOX 226<br/>HOLT FL 32564<br/>US</b> |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

3. Date Incorporated or Qualified  
**06/13/1978**

|                                    |                                                                                    |
|------------------------------------|------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>59-2503399</b> | Applied For<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------|------------------------------------------------------------------------------------|

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

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

10. Name and Address of New Registered Agent

**ARNETT, EUGENE  
587 SOUTHSIDE AVE  
HOLT FL 32564**

|                               |                                                                               |
|-------------------------------|-------------------------------------------------------------------------------|
| 81 Name<br><b>Joseph Agro</b> | 82 Street Address (P.O. Box Number Is Not Acceptable)<br><b>914 W. Hwy 90</b> |
| 83                            |                                                                               |
| 84 City<br><b>Holt</b>        | 85 Zip Code<br><b>FL 32564</b>                                                |

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 *Joseph Agro*  
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<br><b>CD</b>                               | <input type="checkbox"/> DELETE            |
| NAME<br><b>CAWTHON, RAY</b>                      |                                            |
| STREET ADDRESS<br><b>515 SECOND AVE</b>          |                                            |
| CITY-ST-ZIP<br><b>HOLT FL 32564</b>              |                                            |
| TITLE<br><b>STD</b>                              | <input type="checkbox"/> DELETE            |
| NAME<br><b>ADAMS, BILLY</b>                      |                                            |
| STREET ADDRESS<br><b>P O BOX 177 COOPER LANE</b> |                                            |
| CITY-ST-ZIP<br><b>HOLT FL 32564</b>              |                                            |
| TITLE<br><b>VCD</b>                              | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>ARNETT, EUGENE</b>                    |                                            |
| STREET ADDRESS<br><b>PO BOX 215, N/A</b>         |                                            |
| CITY-ST-ZIP<br><b>HOLT FL 32564</b>              |                                            |
| TITLE<br><b>D</b>                                | <input type="checkbox"/> DELETE            |
| NAME<br><b>AGRO, JOSEPH</b>                      |                                            |
| STREET ADDRESS<br><b>RT 1 BOX, 146 HWY 90 B</b>  |                                            |
| CITY-ST-ZIP<br><b>HOLT FL 32564</b>              |                                            |
| TITLE                                            | <input type="checkbox"/> DELETE            |
| NAME                                             |                                            |
| STREET ADDRESS                                   |                                            |
| CITY-ST-ZIP                                      |                                            |
| TITLE                                            | <input type="checkbox"/> DELETE            |
| NAME                                             |                                            |
| STREET ADDRESS                                   |                                            |
| CITY-ST-ZIP                                      |                                            |

|                                                      |                                                                              |
|------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE<br><b>D</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>Cawthon, Ray</b>                      |                                                                              |
| 1.3 STREET ADDRESS<br><b>515 Second Ave.</b>         |                                                                              |
| 1.4 CITY-ST-ZIP<br><b>Holt, FL 32564</b>             |                                                                              |
| 2.1 TITLE<br><b>DVC</b>                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME<br><b>Adams, Billy</b>                      |                                                                              |
| 2.3 STREET ADDRESS<br><b>PO BOX 177 Cooper Lane</b>  |                                                                              |
| 2.4 CITY-ST-ZIP<br><b>Holt, FL 32564</b>             |                                                                              |
| 3.1 TITLE                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME                                             |                                                                              |
| 3.3 STREET ADDRESS                                   |                                                                              |
| 3.4 CITY-ST-ZIP                                      |                                                                              |
| 4.1 TITLE<br><b>CD</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME<br><b>Agro, Joseph</b>                      |                                                                              |
| 4.3 STREET ADDRESS<br><b>914 W. Hwy 90</b>           |                                                                              |
| 4.4 CITY-ST-ZIP<br><b>Holt, FL 32564</b>             |                                                                              |
| 5.1 TITLE<br><b>D</b>                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME<br><b>Robert V. Erdman</b>                  |                                                                              |
| 5.3 STREET ADDRESS<br><b>1182 Country Living Rd.</b> |                                                                              |
| 5.4 CITY-ST-ZIP<br><b>Baker, FL 32531-8306</b>       |                                                                              |
| 6.1 TITLE<br><b>STD</b>                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME<br><b>Donna S. Erdman</b>                   |                                                                              |
| 6.3 STREET ADDRESS<br><b>1182 Country Living Rd.</b> |                                                                              |
| 6.4 CITY-ST-ZIP<br><b>Baker, FL 32531-8306</b>       |                                                                              |

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: *Joseph Agro* REQUIRED

2-19-98 850-537-7691

CR2ED37 (10/97)