DOCUMENT # 743234	RT (UBR)		May 24, 2001 8:00 am Secretary of State					
HOLT FIRE DISTRICT, INC.				ı	05-02-200	1 90139 002 '	****61.25	
Principal Place of Business	Mailing Address	<u> </u>						
490 HIGHWAY 90 WEST HOLT FL 32584 US	P.O. BOX 226 HOLT FL 32564				العر			
Principal Place of Business	3. Mailing Address	<del></del>						
490 HIGHWAY 90 WEST Suite, Apt. #, etc.		PO BOX 226			T UBER ILER BITTE HAR			
City & State HOLT FLORIDA	City & State HOLT FLO	RIDA		4. FEI Numb	er 59-2503399	<del></del>	Applied For	
32564 Country USA	32564	Country				\$8.75 A	dditional	
6. Name and Address of Curren	at Registered Agent	Name	inte	7. Name and	Address of New Regis	tered Agent	1	1
ERDMAN, ROBERT V 1182 COUNTRY LIVING RD.		Street /	Street Address (P.O. Box Number is Not Acceptable)					
BAKER FL 32531		City L	1,15	<del>, -</del>		FL Zip Co	de F.J	
8. The above named entity submits this statement of signature of registered and	lela	re alstered Office o			_	- 25-20 DATE	x07	
FILE NOW: 9. Election Campaign FEE IS \$61.25 Trust Fund Contrib		, – 4-14,		May Be Make Check Payable to Department of State			o	
10. OFFICERS AND O		11.		DOITIONS/CH	ANGES TO OFFICERS A			
ITILE D CAWTHON, RAY STREET ADDRESS CITY-ST-ZIP HOLT FL 32564	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	140L	139 Au	iseliam Coul	Change	E037 (10/00	D
TITLE DVC ADAMS, BILLY STREET ADDRESS CITY-ST-ZIP HOLT FL 32584	Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP ^	i 7	pory,	F. Rafalsi	Change	Addition	D
TITLE D NAME ERDMAN, ROBERT V 1182 COUNTRY LIVING RD	Pelata	TITLE NAME STREET ADDRESS CITY-ST-ZIP	βο. ( N U 8C	Me Me	mher Panhosa e so Rosa	☐ Change	Addition	D
TITLE CD NAME ADAMS, BILLY	Delete	TITLE	<u> </u>	HOCT,	<u> </u>	Change	Addition	
STREET ADDRESS P.O. BOX 177 GITY-ST-ZIP HOLT FL 32564 TITLE STD	<b>●</b> Niti	STREET ADDRESS CITY+ST-ZIP				C) Charge	FT Addistry	
NAME ERDMAN, DONNA S STREET ADDRESS CITY-ST-ZIP BAKER FL 32531	Delete	MAME STREET ADDRESS CITY-ST-ZIP			٠	Change	Addition .	
TITLE TD  NAME ERDMAN, ROBERT V  STREET ADDRESS 1182 COUNTRY LIVING RD	Celete	TITLE NAME STREET AODRESS		<del></del> -		☐ Chánge	Addition	
CITY-ST-ZIP BAKER FL 32531  12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee appearance, or on an attachment with an address,	s true and accurate and that m	CTY-ST-ZIP  the exemption state y signature shall he	ave the ser	ne legal effect.	as if made under oath: I	hat I am an officer	or director	

Affachment 47071 #743234

Holt Fire District P.O. Box 226 Holt, Fl 32564

May 21, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32414

Reference: 743234

I apologize for the discrepance. Inparently I misunderstood the directions that were given, and I missed the section that explained the codes. I hope you will excuse us and I appreciate your patience. We are all new on the Board and am learning some of these tasks that we must do.

If you have any more questions, please feel free to contact us and we will make the utmost effort to comply.

Sincerely,

Anthony F. Rafalski III Commissioner/Director Holt Fire District Inc.