CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744285-1

1. Corporation Name
Ponce Inlet Vol. Fire + Rescue Dept. Inc
4680 S. Peninsula Dr
Ponce

Principal Place of Business	Mailing Address
4680 S. Peninsula Dr Ponce Inlet Fl 32127	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-15-78	3a. Date of Last Report: 5-1-94
4. FEI Number: 59-1867567-4	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. 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Gordis C Preston 4680 S. Peninsula Dr Ponce Inlet Fl 32127	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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gordis C Preston 4-24-95
Signature, type 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	D/P	11 TITLE	D/P	☐ Change ☐ Addition
NAME	Craig Gittner	12 NAME	Craig Gittner	
STREET ADDRESS		13 STREET ADDRESS		
CITY ST ZIP	Ponce Inlet Fl 32127	14 CITY ST ZIP	Ponce Inlet Fl 32127	
TITLE	D/V	21 TITLE	D/V	☐ Change ☐ Addition
NAME	David Strassel	22 NAME	David Strassel	
STREET ADDRESS	37 Jana Dr	23 STREET ADDRESS	37 Jana Dr	
CITY ST ZIP	Ponce Inlet Fl 32127	24 CITY ST ZIP	Ponce Inlet Fl 32127	
TITLE	D/T	31 TITLE	D/T	☐ Change ☐ Addition
NAME	David A. Strassel III	32 NAME	David A. Strassel III	
STREET ADDRESS	4234 Cardinal Blvd	33 STREET ADDRESS	4234 Cardinal Blvd	
CITY ST ZIP	Wilbur by the Sea Fl 32127	34 CITY ST ZIP	Wilbur by the Sea Fl 32127	
TITLE	D/S	41 TITLE	D/S	☐ Change ☐ Addition
NAME	Francis C. Rogerson	42 NAME	Francis C. Rogerson	
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP	Ponce Inlet Fl 32127	44 CITY ST ZIP	Ponce Inlet Fl 32127	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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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 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: David A Strassel III David A Strassel III 4-10-95 904-322-9576
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #