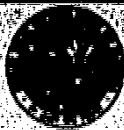


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 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. 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. 194.032, Florida Statutes

☐ Yes ☒ No

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

David A. Strassel

(Signature typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when reappointing)

4-24-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P
NAME Craig Gittner
STREET ADDRESS
CITY, ST, ZIP Ponce Inlet Fl 32127

11 TITLE D/P ☐ Change ☐ Addition
12 NAME Craig Gittner
13 STREET ADDRESS
14 CITY, ST, ZIP Ponce Inlet Fl 32127

TITLE D/P
NAME David Strassel
STREET ADDRESS 37 Jama Dr
CITY, ST, ZIP Ponce Inlet Fl 32127

21 TITLE D/P ☐ Change ☐ Addition
22 NAME David Strassel
23 STREET ADDRESS 37 Jama Dr
24 CITY, ST, ZIP Ponce Inlet Fl 32127

TITLE D/P
NAME David A. Strassel II
STREET ADDRESS 4234 Cardinal Blvd
CITY, ST, ZIP W. Ibor by the Sea Fl 32127

31 TITLE D/P ☐ Change ☐ Addition
32 NAME David A. Strassel II
33 STREET ADDRESS 4234 Cardinal Blvd
34 CITY, ST, ZIP W. Ibor by the Sea Fl 32127

TITLE D/P
NAME Francis C. Rogerson
STREET ADDRESS
CITY, ST, ZIP Ponce Inlet Fl 32127

41 TITLE D/P ☐ Change ☐ Addition
42 NAME Francis C. Rogerson
43 STREET ADDRESS
44 CITY, ST, ZIP Ponce Inlet Fl 32127

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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RC

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)(k), Florida Statutes. I further certify that this 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 II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Strassel II

4-10-95

904-322-9520

Date

Telephone Number