FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:16

DOCUMENT # **744699** **(0)**

1. Corporation Name

TRAVELERS' REST VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
29129 JOHNSTON RD. DADE CITY FL 33525 US	29129 JOHNSTON RD. DADE CITY FL 33525 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1978
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2193936 ☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOME, ROBERT M
29129 JOHNSTON RD.
TRAVELERS REST, INC.
DADE CITY FL 33525

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ADAMSON, TED	1.2 NAME	Adamson, Ted	
STREET ADDRESS	29129 JOHNSTON RD	1.3 STREET ADDRESS	29129 Johnston Rd. Lot 15-30	
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	DAde City, FL 33525	
TITLE	TD	2.1 TITLE	TD	☐ Change ☐ Addition
NAME	SLATER, WILLIAM	2.2 NAME	SLATER, WILLIAM	
STREET ADDRESS	29129 JOHNSTON RD.	2.3 STREET ADDRESS	29129 Johnston Rd. Lot 2622	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	Dade City, FL. 33525	
TITLE	PD	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	FELLER, PAUL	3.2 NAME	Sheely, Kenneth	
STREET ADDRESS	29129 JOHNSTON RD.	3.3 STREET ADDRESS	29129 Johnston Rd. Lot 13-18	
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	Dade City, FL. 33525	
TITLE	SD	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	GOSNELL, W.K.	4.2 NAME	Gosnell, W.K.	
STREET ADDRESS	29129 JOHNSTON RD. LOT 2547	4.3 STREET ADDRESS	29129 Johnston Rd. Lot 2547	
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP	Dade City, FL. 33525	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	RIFE, PAUL	5.2 NAME	Rife, Paul	
STREET ADDRESS	29129 JOHNSTON RD.	5.3 STREET ADDRESS	29129 Johnston Rd. Lot 2707	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	Dade City, FL. 33525	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Paul W. Rife JAN 31st 1995 - 588-2013
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date (Daytime Phone #)
Paul W. Rife

00021A6