FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 10/24/1978

3a. Date of Last Report: 02/06/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: HUME, ROBERT L.
82 Street Address (P.O. Box Number is Not Acceptable): 29129 JOHNSTON Rd.
83: TRAVELERS REST, INC.
84 City: DADE CITY, FL FL 85 Zip Code: 33525

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAMSON, TED 29129 JOHNSTON RD LOT 15-30 DADE CITY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SLATER, WILLIAM 29129 JOHNSTON RD LOT 2622 DADE CITY FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition TD KENNETH N. SHEELY 29129 JOHNSTON Rd. LOT 13-18 DADE CITY, FL. 335-25-6128
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHEELY, KENNETH 29129 JOHNSTON RD LOT 13-18 DADE CITY FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition VD BAILEY, FRANK 29129 JOHNSTON Rd. 13-34 DADE CITY, FL 33525-6128
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOSNELL, W K 29129 JOHNSTON RD LOT 2547 DADE CITY FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition SD FELLER, PAUL 29129 JOHNSTON Rd. 8-17 DADE CITY, FL 33525-6128
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIFE, PAUL 29129 JOHNSTON RD LOT 2707 DADE CITY FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D GOSNELL, W. K. 29129 JOHNSTON Rd LOT 2547 DADE CITY, FL 33525-6128
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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 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: Kenneth N Sheely — 5-1-1996 — 352-588-2148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KENNETH N. SHEELY