

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996-97



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

APPROVED
AND
FILED

1997 JUL 14 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750998 (7)

1. Corporation Name

PINETTA VOLUNTEER FIRE AND RESCUE, INC.

Principal Place of Business

Mailing Address

P. O. BOX 269
PINETTA FL 32350
US

P. O. BOX 269
PINETTA FL 32350
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

3. Date Incorporated or Qualified
02/12/1980

3a. Date of Last Report
05/11/1995

4. FEI Number
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

10. Name and Address of New Registered Agent

BROWNING, EDWIN B., JR.
901 W. BASE ST.
MADISON FL 32340

81 Name
REEVES, GEORGE T.
82 Street Address (P.O. Box Number is Not Acceptable)
901 WEST BASE
83
84 City
MADISON, FL
85 Zip Code
32340

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

George T. Reeves

7-14-97

Signature, typed or printed name of registered agent and (file # applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CRISS, CODY
STREET ADDRESS RT 1, BOX 184 N/A
CITY-ST-ZIP PINETTA FL

1.1 TITLE BOD
1.2 NAME WESLEY THOMPSON
1.3 STREET ADDRESS PO BOX 148 N/A
1.4 CITY-ST-ZIP PINETTA, FL. 32350

TITLE VP
NAME SEXTON, BILLY
STREET ADDRESS E. HWY 150 N/A
CITY-ST-ZIP PINETTA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST
NAME CRISS, MAYRANN
STREET ADDRESS RT 2, BOX 2240-B
CITY-ST-ZIP MADISON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE BOD
NAME FOURAKRES, WILLIAM
STREET ADDRESS RT 1 BOX 141-A
CITY-ST-ZIP PINETTA FL

4.1 TITLE
4.2 NAME RONTA J. THOMPSON
4.3 STREET ADDRESS P.O. BOX 148 N/A
4.4 CITY-ST-ZIP PINETTA, FL. 32350

TITLE BOD
NAME CHAMBLIN, MARY
STREET ADDRESS E STATE ROAD 150
CITY-ST-ZIP PINETTA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE BOD
NAME FRANCIS L. WYNO
STREET ADDRESS RT.1 BOX 296 N/A
CITY-ST-ZIP PINETTA, FL. 32350

6.1 TITLE
6.2 NAME JOEY KNIGHT
6.3 STREET ADDRESS P.O. BOX 67 N/A
6.4 CITY-ST-ZIP PINETTA, FL. 32350

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:

SIGNATURE REQUIRED

6/6/97

(904) 929-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)