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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750998** (7)
1. Corporation Name

PINETTA VOLUNTEER FIRE AND RESCUE, INC.

Principal Place of Business P. O. BOX 269 PINETTA FL 32350 US	Mailing Address P. O. BOX 269 PINETTA FL 32350 US
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3. Date Incorporated or Qualified

02/12/1980

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REEVES, GEORGE T
901 WEST BASE
MADISON FL 32340**

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 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

Signature, typed 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISS, CODY	1.2 NAME	
STREET ADDRESS	RT 1, BOX 184 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, BILLY	2.2 NAME	
STREET ADDRESS	E. HWY 150 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISS, MAYRANN	3.2 NAME	
STREET ADDRESS	RT 2, BOX 2240-B	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	3.4 CITY-ST-ZIP	
TITLE	BODT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, RONDA J	4.2 NAME	
STREET ADDRESS	P.O. BOX 148 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL 32350	4.4 CITY-ST-ZIP	
TITLE	BOD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBLIN, MARY	5.2 NAME	
STREET ADDRESS	E STATE ROAD 150	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL	5.4 CITY-ST-ZIP	
TITLE	BOD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNO, FRANCIS L	6.2 NAME	
STREET ADDRESS	RT 1 BOX 296	6.3 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL 32350	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

Ronda J. Thompson
RONDA J. THOMPSON

1/13/98

850-973-4516

CR2E037 (10/97)