

FILED
Feb 07, 2003 8:00 am
Secretary of State

b6c / 0878

DOCUMENT # 750998

1. Entity 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

2. Principal Place of Business
Suite, Apt. #, etc.
509 NE Persimmon Dr
City & State
Pinetta, FL
Zip
32350
Country
US

3. Mailing Address
Suite, Apt. #, etc.
City & State
City
FL
Zip Code

4. FEI Number NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REEVES, GEORGE T
901 WEST BASE
MADISON FL 32340

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	CRISS, CODY	560 NE FIRST ST MADISON FL 32340	
VP	THOMPSON, WESLEY	253 NE SCHOOL MADISON FL 32340	
S	CHRIS, MARY	SW NE FIRST STREET PINETTA FL	
T	SHADRICK, ALLEN	10129 NW KELLY HWY PINETTA FL 32350	
BOD	JOHNSON, VICKIE	10804 NW KELLY HWY PINETTA FL 32350	
BOD	TERRY, STRUDBAKER	2423 NE BEVILLE RD PINETTA FL 32350	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	Tammy Thompson	253 NE School St Pinetta, FL 32350	
		560 NE Fir Street Pinetta, FL 32350	
		10129 NW Colon Kelly Hwy	
BOD	Landy Johnson	10804 NW Colon Kelly Hwy Pinetta, FL 32350	
BOD	Wayne Vickers	212 NE Petunia St Pinetta, FL 32350	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allen Shadrick
2-6-03 850-973-2254