

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:32

DOCUMENT # 758996 (3)
1. Corporation Name
THE MADISON COUNTY VOLUNTEER FIREMAN, INC.

Principal Place of Business Mailing Address
415 SW HARRY SW 415 SW HARRY SW
C/O RAYMOND PINKARD C/O RAYMOND PINKARD
MADISON FL 32340 MADISON FL 32340

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1981 3a. Date of Last Report 01/24/1994
4. FEI Number 59-2916292 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
21 116 SW Dade St 25 116 SW Dade St
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Madison, FL 27 Madison, FL
City & State City & State
23 Zip 28 32340 30 Madison
Country Country
24 32340 25 Madison 28 32340 30 Madison

9. Name and Address of Current Registered Agent

PINKARD, RAYMOND
415 SW HARRY SW
MADISON FL

10. Name and Address of New Registered Agent

81 Name William Bunting
82 Street Address (P.O. Box Number is Not Acceptable) 116 SW Dade St
83 Madison
84 City FL 85 Zip Code 32340

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

William M. Bunting

Signature, typed or printed name of registered agent and his or her title

(NOTE: Registered agent signature required when reappointing)

DATE

1-26-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STONE, THOMAS E
STREET ADDRESS	204 NW 2ND PL
CITY - ST - ZIP	MADISON FL
TITLE	STD
NAME	PINKARD, RAYMOND
STREET ADDRESS	415 SW HARRY STREET
CITY - ST - ZIP	MADISON FL
TITLE	PD - D
NAME	BAKER, RICHARD
STREET ADDRESS	US 90 EAST
CITY - ST - ZIP	MADISON FL
TITLE	D
NAME	EDWARDS, HOWELL
STREET ADDRESS	901 SE BUNKER STREET
CITY - ST - ZIP	MADISON FL
TITLE	D
NAME	BUNTING, WILLIAM
STREET ADDRESS	103 2ND PLACE
CITY - ST - ZIP	MADISON FL
TITLE	PD
NAME	Frank Wyno
STREET ADDRESS	116 SW Dade St
CITY - ST - ZIP	Madison, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Baker, Richard
3.3 STREET ADDRESS	US 90 East Fl
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	Wyno, Frank
6.3 STREET ADDRESS	116 SW Dade St
6.4 CITY - ST - ZIP	Madison, FL

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 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, of this attachment with an address.

SIGNATURE:

Raymond Pinkard, STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-95 784973.2725