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Apr 23 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 # **758996** (3)
1. Corporation Name
THE MADISON COUNTY VOLUNTEER FIREMAN, INC.



Principal Place of Business 116 SW DADE ST C/O RAYMOND PINKARD MADISON FL 32340 US		Mailing Address 116 SW DADE ST C/O RAYMOND PINKARD MADISON FL 32340 US		3. Date Incorporated or Qualified 06/30/1981	
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		4. FEI Number 59-2916292 Applied For Not Applicable	
9. Name and Address of Current Registered Agent BUNTING, WILLIAM 116 SW DADE ST 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 <i>William M. Bunting</i> 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 D	NAME STONE, THOMAS E	1.1 TITLE D	1.2 NAME STONE, THOMAS E
STREET ADDRESS 204 NW 2ND PL	CITY-ST-ZIP MADISON FL	1.3 STREET ADDRESS 204 NW 2ND PL	1.4 CITY-ST-ZIP MADISON FL
TITLE STD	NAME PINKARD, RAYMOND	2.1 TITLE STD	2.2 NAME PINKARD, RAYMOND
STREET ADDRESS 415 SW HARRY STREET	CITY-ST-ZIP MADISON FL	2.3 STREET ADDRESS 415 SW HARRY STREET	2.4 CITY-ST-ZIP MADISON FL
TITLE D	NAME BAKER, RICHARD	3.1 TITLE D	3.2 NAME BAKER, RICHARD
STREET ADDRESS US 90 EAST	CITY-ST-ZIP MADISON FL	3.3 STREET ADDRESS US 90 EAST	3.4 CITY-ST-ZIP MADISON FL
TITLE D	NAME EDWARDS, HOWELL	4.1 TITLE D	4.2 NAME EDWARDS, HOWELL
STREET ADDRESS 901 SE BUNKER STREET	CITY-ST-ZIP MADISON FL	4.3 STREET ADDRESS 901 SE BUNKER STREET	4.4 CITY-ST-ZIP MADISON FL
TITLE D	NAME BUNTING, WILLIAM	5.1 TITLE D	5.2 NAME BUNTING, WILLIAM
STREET ADDRESS 103 2ND PLACE	CITY-ST-ZIP MADISON FL	5.3 STREET ADDRESS 103 2ND PLACE	5.4 CITY-ST-ZIP MADISON FL
TITLE PD	NAME WYNO, FRANK	6.1 TITLE PD	6.2 NAME WYNO, FRANK
STREET ADDRESS 116 SW DADE ST	CITY-ST-ZIP MADISON FL	6.3 STREET ADDRESS 116 SW DADE ST	6.4 CITY-ST-ZIP MADISON FL

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: *William M. Bunting* **4-15-98**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 000-0000

CR2E037 (10/97)