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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:53

DOCUMENT # **760688** **(2)**

1. Corporation Name
PLANT CITY FIREMAN'S BENEFIT ASSOCIATION

Principal Place of Business	Mailing Address
C/O JAMES J. WRIGHT 604 E ALEXANDER ST PLANT CITY FL 33566 US	C/O JAMES J. WRIGHT 604 E ALEXANDER ST PLANT CITY FL 33566 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1981
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2054734 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WRIGHT, JAMES J. 118 W DREW ST. PLANT CITY FL 33566	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 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 _____ (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	1.1 TITLE	VP ☑ Change ☐ Addition
NAME	ROUNDS, R. WESLEY	1.2 NAME	~~Marshall~~ DEESE, Randall T.
STREET ADDRESS	2305 N WARNELL LOOP	1.3 STREET ADDRESS	3343 Nichols Rd.
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Lithia FL
TITLE	D	2.1 TITLE	VP ☑ Change ☐ Addition
NAME	SMITH, HENRY	2.2 NAME	Smith, Henry
STREET ADDRESS	3004 PINEWAY DR. N.	2.3 STREET ADDRESS	1503 Jerome St
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City FL 33566
TITLE	PD	3.1 TITLE	D ☒ Change ☐ Addition
NAME	KENT, LAMAR	3.2 NAME	Mitchell, Thomas E.
STREET ADDRESS	5205 RALSTON RD	3.3 STREET ADDRESS	1906 Lynda St
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Plant City FL 33566
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, JAMES J.	4.2 NAME	
STREET ADDRESS	118 W DREW ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	D ☒ Change ☐ Addition
NAME	BOWERS, WILLIAM M.	5.2 NAME	Rogers, Lawrence Alden
STREET ADDRESS	2002 E. WILLOW DR.	5.3 STREET ADDRESS	806 N. Warnell St
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	Plant City FL 33566
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: James J. Wright JAMES J. Wright Secretary 4/3/95