FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 761646**

SEBRING FIREMEN, INC.

Principal	Place	of	Business

Mailing Address

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90086 004 ****61.25

301 NORTH MANGO SEBRING FL 33870 SEBRING FL 33870 SEBRING FL 33870										
2. Principal Place	e of Business	2a. Mailing	Address		-17	3. Date Incorporated or 01/28/1982	Qualifed			
Suite, Apt. #, (etc.		pt. #, etc.			4. FEI Number			Applied For	
22		27				59-2967829			Not Applicable	
City & State		City & 3	State			5. Certifcate of Status I	Desired		.75 Additional Fee Required	
Zip	Country 25	Zip	Cou 30	ntry	-	Election Campaign F Trust Fund Contribut	- 1	, .	5.00 May Be added to Fees	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name					
SWAIN, J MICHAEL 245 SOUTH COMMERCE		82	Street Addre	et Address (P.O. Box Number is Not Acceptable)						
SEBRING FL				83						
				84	City			FL 85	Zip Code	
office or regi	the provisions of Sections 617 istered agent, or both, in the Si familiar with, and accept the ob	tate of Florida. Such	change was authorized	l by	tne corporation	ration submits this statemen's board of directors. I her	ent for the pur eby accept th	pose of chang ne appointmen	ging its registered It as registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change DELETE 11 TITLE TITLE PD 1.2 NAME WELOY, CURTIS NAME 1.3 STREET ADDRESS STREET ADDRESS 301 N MANGO ST 1.4 CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP DELETE Change Addition UPD 2.1 TITLE TITLE TOM CULVERHOUSE 2.2 NAME NAME WHITE, GEORGE 301 N. MADGO ST SEBRIDG, FL. 33870 301 N MANGO ST 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME WHITEHOUSE, WENDALL NAME 3.3 STREET ADDRESS **301 N. MANGO** STREET ADDRESS 3.4. CITY-ST-ZIP SEBRING FL CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME TRAVERS, DAVE 301 N MANGO 4.3 STREET ADDRESS STREET ADDRESS SEBRING FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

CR2E037 (11/98)