FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:14

DOCUMENT # 764719 (1)

1. Corporation Name
JAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
12781 HWY. 89 PO BOX 512 JAY FL 32565	12781 HWY. 69 PO BOX 512 JAY FL 32565

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1982	3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-6014155	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WESTMORELAND, J. LOFTON
800 CAROLINE ST
MILTON FL 32570

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 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 _____ DATE
Signature, typed or printed name of the registered agent and title if applicable (NOTE: Registered Agent signature required when new/changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
NAME	BOUTWELL, CHARLES	12 NAME	EDWARDS, ALAN	
STREET ADDRESS	RT 3	13 STREET ADDRESS	RT 2	
CITY-ST-ZIP	JAY FL	14 CITY-ST-ZIP	JAY, FL	
TITLE	VD	21 TITLE	VD	XX Change ☐ Addition
NAME	EDWARDS, ALAN	22 NAME	EDWARDS, JOEY	
STREET ADDRESS	RT 2	23 STREET ADDRESS	RT 2	
CITY-ST-ZIP	JAY FL	24 CITY-ST-ZIP	JAY, FL	
TITLE	SD	31 TITLE	SD	XX Change ☐ Addition
NAME	HEVNER, DOUGLAS	32 NAME	WESTMORELAND, TIFFANY	
STREET ADDRESS	RT 2	33 STREET ADDRESS	13737 HWY 89	
CITY-ST-ZIP	JAY FL	34 CITY-ST-ZIP	JAY, FL	
TITLE	D	41 TITLE	TD	XX Change ☐ Addition
NAME	BOUTWELL, BILLY	42 NAME	WARE, ANTHONY	
STREET ADDRESS	RT. 3, BOX 391	43 STREET ADDRESS	HWY 197	
CITY-ST-ZIP	JAY FL	44 CITY-ST-ZIP	JAY, FL	
TITLE	D	51 TITLE	D	XX Change ☐ Addition
NAME	SIMMONS, TONY	52 NAME	BOUTWELL, BILLY	
STREET ADDRESS	RT. 3	53 STREET ADDRESS	3600 GREENWOOD RD	
CITY-ST-ZIP	JAY FL	54 CITY-ST-ZIP	JAY, FL	
TITLE	TD	61 TITLE	D	XX Change ☐ Addition
NAME	CARLTON, GREG	62 NAME	SIMMONS, TONY	
STREET ADDRESS	4303 C. DARNEY ROAD, P. O. BOX 485 N/A	63 STREET ADDRESS	RT 3	
CITY-ST-ZIP	JAY FL	64 CITY-ST-ZIP	JAY, 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)(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 attached list with an address.

SIGNATURE: Alan Edwards PRESIDENT JANUARY 18, 1995 1-904-675-6413 HM
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

007170