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FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764719 (1)

1. Corporation Name

JAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

12781 HWY. 89
PO BOX 512
JAY FL 32565

Mailing Address

12781 HWY. 89
PO BOX 512
JAY FL 32565-05123. Date Incorporated or Qualified
08/26/19823a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-6014155

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

WESTMORELAND, J. LOFTON
800 CAROLINE ST
MILTON FL 32570

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

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 PD
NAME EDWARDS, ALAN
STREET ADDRESS RT 2 N/A
CITY-ST-ZIP JAY FL☐ DELETETITLE VD
NAME WATSON, DENNIS
STREET ADDRESS 13743 HWY 89
CITY-ST-ZIP JAY FL☐ DELETETITLE D
NAME PHILLIPS, HARVEY
STREET ADDRESS 3450 FARRISH ROAD
CITY-ST-ZIP JAY FL☐ DELETETITLE D
NAME BURGESS, JIMMY
STREET ADDRESS ROUTE 3
CITY-ST-ZIP JAY FL☐ DELETETITLE D
NAME BOUTWELL, BILLY
STREET ADDRESS 3800 GREEBWOOD RD
CITY-ST-ZIP JAY FL☐ DELETETITLE D
NAME SIMMONS, TONY
STREET ADDRESS RT 3 N/A
CITY-ST-ZIP JAY FL☒ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☒ Addition

14. I do 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: *Billy Boutwell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

904-675-6419

CR2E037 (9/96)