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 JAN 30 AM 9:36

DOCUMENT # 768961 (5)

1. Corporation Name
CRYSTAL RIVER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
123 NW HIGHWAY 19 CRYSTAL RIVER FL 32629	123 NW HIGHWAY 19 CRYSTAL RIVER FL 32629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1983
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-2536303 ☐ 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): 34428 Country (25):
Zip (29): Country (30): 34428
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

DUMAS, BROWN JR.
P.O. BOX 607
~~3645~~ GARDENIA AVENUE TROPIC TERRACE
CRYSTAL RIVER FL 34423

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 291 South Gardenia Terrace
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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SKIDMORE, LARRY J., SR	1.2 NAME	
STREET ADDRESS	715 NE 13TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, BILL	2.2 NAME	
STREET ADDRESS	6380 N. DIAMOND TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	DVT	3.1 TITLE	☐ Change ☐ Addition
NAME	DUMAS, JACK	3.2 NAME	
STREET ADDRESS	419 NE CRYSTAL STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	CATES, TERRY	4.2 NAME	
STREET ADDRESS	9415 W WISCONSIN CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	DUMAS, BROWN	5.2 NAME	
STREET ADDRESS	291 S. GARDENIA TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	5.4 CITY-ST-ZIP	
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)(k), 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: [signature] Brown Dumas, Jr. Director 1-24-95 904-795-4216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064625