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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768961

1. Corporation Name

CRYSTAL RIVER FIRE DEPARTMENT, INC.

Principal Place of Business

123 NW HIGHWAY 19  
CRYSTAL RIVER FL 34428  
US

Mailing Address

123 NW HIGHWAY 19  
CRYSTAL RIVER FL 34428  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/16/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2536303

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUMAS, BROWN JR.  
291 SOUTH GARDENIA TERRACE  
CRYSTAL RIVER FL 34423

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 SKIDMORE, LARRY J., SR  
STREET ADDRESS 715 NE 13TH STREET  
CITY-ST-ZIP CRYSTAL RIVER FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE DV  
NAME DAVIS, BILL  
STREET ADDRESS 6380 N. DIAMOND TERRACE  
CITY-ST-ZIP CRYSTAL RIVER FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE DVT  
NAME DUMAS, JACK  
STREET ADDRESS 419 NE CRYSTAL STREET  
CITY-ST-ZIP CRYSTAL RIVER FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE DS  
NAME CATES, TERRY  
STREET ADDRESS 9415 W WISCONSIN CT.  
CITY-ST-ZIP CRYSTAL RIVER FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE DV  
NAME DUMAS, BROWN  
STREET ADDRESS 291 S. GARDENIA TERR  
CITY-ST-ZIP CRYSTAL RIVER FL

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED  
Signature and typed or printed name of signing officer or director

1-25-99 352 795-3451

CR2E037 (11/98)