

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Jul 15 1996 8:00 am  
Secretary of State

DOCUMENT # **N20968 (6)**  
1. Corporation Name  
**LAND O'LAKES VOLUNTEER FIRE DEPARTMENT INC.#2**

Principal Place of Business Mailing Address  
**31709 HALE RD.** **P. O. BOX 95**  
**LAND O LAKES FL 34639-0095** **P O BOX 95**  
**US** **LAND O LAKES FL 34639-0095**  
**US**

2. Principal Place of Business 2a. Mailing Address  
21 **21709 Hale Road** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State City & State  
23 **Land o' Lakes Florida** 28  
Zip Country Zip Country  
24 **34639** 25 **USA** 29 30

3. Date Incorporated or Qualified **06/03/1987** 3a. Date of Last Report **06/26/1995**  
4. FEI Number **59-2586827** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ORPHI, PHILLIP**  
**4917 EHRlich RD.**  
**SUITE 202**  
**TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name **P & D Services**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3738 Land o' Lakes Blvd.**  
83  
84 City **Land o' Lakes** FL 85 Zip Code **34639**

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 *Phillip Baldree*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	HUMMEL, MIKE	2231 SOPHIA	LUTZ FL	<input type="checkbox"/>
D	KERR, HARRY W.	7706 ST. JOHN'S RD.	LAND O LAKES FL	<input type="checkbox"/>
D	CAPPS, BARBARA	P.O. BOX 682 N/A	LAND O LAKES FL	<input type="checkbox"/>
V	WRIGHT, ROSS	P.O. BOX 429 N/A	LAND O LAKES FL	<input type="checkbox"/>
P	FORT, STEPHEN C.	22230 HALE RD.	LAND O LAKES FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Harry Fort*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96

9962610

Date

Daytime Phone #

CR2E037 (3/96)