FILE NOW: FILING FEE IS \$61.25

FILED May 20 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mattham Y Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (0) HOLOPAW VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address 4751 TURNAROUND BAY RD 4751 TURNAROUND BAY RD ST. CLOUD FL 34773 ST. CLOUD FL 34773-9651 Date Incorporated or Qualified 02/26/1988 3a. Date of Last Report 03/13/1996 2. Principal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MASTON, EDWARD 82 Street Address (P.O. Box Number is Not Acceptable) 5015 TOPEKA AVENUE ST. CLOUD FL 34773 83 500002199725 -06/03/97---0104 RA City 85 Zip Code ***61.25 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 little if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ... DELETE TITLE 1.1 TITLE DID. NAME HALL, BRANDY 1.2 NAME 7321 Eraborass RO STREET ADDRESS 7321 CRABGRASS ROAD 1.3 STREET ADDRESS St. Cloud 14. 34773 ST. CLOUD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ TITLE 2.1 TITLE **5. D** NAME MASTON, HEATHER 2.2 NAME 5015 topeka Au-**5015 TOPEKA AVENUE** STREET ADDRESS 2.3 STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE DELETE Worth Sandonk. Change NAME WORTH, SANDRA K. 4965 NOVE HUL St. Cloud 14. 34778 3.2 NAME **4965 NOVA AVENUE** STREET ADDRESS 3.3 STREET ADDRESS ST. CLOUD FL Patricia A. Martinez CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE FLOWERS, STEVE NAME 4.2 NAME 9053 Lincoln 19 St. Cloud FI 7110 CRABGRASS ROAD STREET ADDRESS 4.3 STREET ADDRESS ST-CLOUD FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE D PATRICK HENRY LEE Change Addition RANALLI, LORI NAME 5.2 NAME 11400 BROAD STREAM DR 9150 CONCORD ROAD STREET ADDRESS 5.3 STREET ADDRESS ST. CLOUD FL 34773 CITY-ST-ZIP ST. CLOUD FL 5.4 CITY - ST - ZIP Gilda Curry
7/25 Crabgrass RO
St. Cloud Kl. 34773 TITLE DELETE ☐ Change 6.1 TITLE Addition **CURRY, GILDA** NAME 6.2 NAME 7125 CRABGRASS ROAD STREET ADDRESS 6.3 STREET ADDRESS

ST. CLOUD FL CITY-ST-ZIP 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.