FILE NOW: FILING FEE IS \$61.25

Jul 16 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 ~ **DOCUMENT #** HOLOPAW VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address 4751 TURNAROUND BAY RD 4751 TURNAROUND BAY RD 3. Date Incorporated or Qualified ST. CLOUD FL 34773 ST. CLOUD FL 34773 02/26/1988 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apl. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 7. Is this nonprofit corporation a homeowners association? City & State City & State 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 MASTON, EDWARD **B2** Street Address (P.O. Box Number is Not Acceptable) 5015 TOPEKA AVENUE 83 ST. CLOUD FL 34773 84 City Zip Code 85 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) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change TITLE 1.1 TITLE PD NAME HALL, BRANDY 12 NAME Martinez, Patricia STREET ADDRESS 7321 CRABGRASS ROAD 1.3 STREET ADDRESS ST. CLOUD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE ŔŊ MASTON, HEATHER 2.2 NAME NAME **5**015 TOPEKA AVENUE 2.3 STREET ADDRESS STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE **Change** Addition TITLE 3.1 TITLE WORTH, SANDRA K. 3.2 NAME NAME Maston, Edward **49**65 NOVA AVENUE 3.3 STREET ADDRESS STREET ADDRESS 5015 Topeka Ave. ST. CLOUD FL 34. CITY-ST-ZIP CITY-ST-ZIP St.Cloud.Fl. 34773 TITLE **X** DELETE 4.1 TITLE Addition D MARTINEZ, PATRICIA 4. 2 NAME NAME Evans, William STREET ADDRESS 9053 LINCOLN ROAD 4.3 STREET ADDRESS 5045 Topeka Ave. **ST. CLOUD FL 34773** CITY-ST-ZIP 4.4 CITY-ST-ZIP St.Cloud.Fl... 34773 DELETE Addition 5.1 TITLE TIFLE 6000025913**4**0 LEE. PATRICK H 5.2 NAME NAME -07/17/98--01008--007 11400 BROAD STREAM DRIVE 5.3 STREET ADDRESS STREET ADDRESS ***61.25 ST. CLOUD FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 61 TITLE TITLE CURRY, GILDA 6.2 NAME NAME 7125 CRABGRASS ROAD 6.3 STREET ADDRESS STREET ADDRESS ST. CLOUD FL 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 informatic indicated on this ennual report or supplicit rule and accurate and that my signature shall have the same legal effect as if made under eath; then 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.

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SIGNATURE:

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10-30-98 (110) 891-02106