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

APPROVED AND FILED

95 APR 28 PM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27311** **(2)**

1. Corporation Name

GULF HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
LEVY COUNTY ROAD 326 ROAD 326 GULF HAMMOCK FL 32639 US	P.O. BOX 313 ROAD 326 GULF HAMMOCK FL 32639 US

3. Date Incorporated or Qualified: 07/07/1988
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2898525 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

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	10. Name and Address of New Registered Agent
WATSON, STEPHEN D. LEVY COUNTY ROAD 326 GULF HAMMOCK FL 32639	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 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	DURDEN, LARRY J. JR.	1.2 NAME		
STREET ADDRESS	LEVY COUNTY ROAD 326	1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF HAMMOCK FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, STEPHEN D.	2.2 NAME		
STREET ADDRESS	LEVY COUNTY ROAD 326	2.3 STREET ADDRESS		
CITY-ST-ZIP	GULF HAMMOCK FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, JAMES	3.2 NAME		
STREET ADDRESS	US HWY 19/98	3.3 STREET ADDRESS		
CITY-ST-ZIP	OTTER CREEK	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	V	☐ Change ☒ Addition
NAME	MILLER, WILLIAM A.	4.2 NAME	BERRYHILL, H. O.	
STREET ADDRESS	LEVY COUNTY ROAD 311	4.3 STREET ADDRESS	FOLLY ROAD	
CITY-ST-ZIP	GULF HAMMOCK FL	4.4 CITY-ST-ZIP	GULF HAMMOCK, FL 32639	
TITLE		5.1 TITLE	S	☐ Change ☒ Addition
NAME		5.2 NAME	DURDEN, BARBARA J.	
STREET ADDRESS		5.3 STREET ADDRESS	8350 N E 106 STREET	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BRONSON, FL 32621	
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)(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.

SIGNATURE: _____ STEPHEN D. WATSON 4/25/95 (904)486-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004427