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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48731 (6)
1. Corporation Name
EAST MILTON VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business 5081 WARD BASIN RD. MILTON FL 32583 US	Mailing Address 5081 WARD BASIN RD. MILTON FL 32583 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P. O. Box 7126 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 05/05/1992	4. FEI Number 59-3141840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**DALEY, CARL
5081 WARD BASIN RD.
MILTON FL 32583**

10. Name and Address of New Registered Agent
81 Name **Duval, Claude**
82 Street Address (P.O. Box Number is Not Acceptable)
5081 Ward Basin Rd
83
84 City **Milton,** **FL** 85 Zip Code **32583**

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)

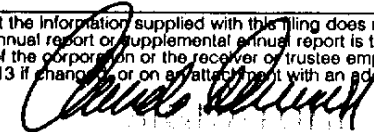
DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DALEY, CARL	
STREET ADDRESS	5081 WARD BASIN RD	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOWERY, GEORGE	
STREET ADDRESS	5081 WARD BASIN RD	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COOK, BILL	
STREET ADDRESS	5081 WARD BASIN RD	
CITY-ST-ZIP	MILTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, WENDE	
STREET ADDRESS	5081 WARD BASIN RD	
CITY-ST-ZIP	MILTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOHENSTEIN, JUANITA	
STREET ADDRESS	5081 WARD BASIN RD.	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Duval, Claude	
1.3 STREET ADDRESS	5081 Ward Basin Rd	
1.4 CITY-ST-ZIP	Milton, FL 32583	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Land, Mary	
4.3 STREET ADDRESS	5081 Ward Basin Rd	
4.4 CITY-ST-ZIP	Milton, FL 32583	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:



Claude Duval, President

4/15/98

850-626-0122

CR2E037 (10/97)