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

DOCUMENT # **N93000000387 (1)**

1. Corporation Name

HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION , INCORPORATED

Principal Place of Business	Mailing Address
RT 2. BOX 325 CARYVILLE FL 32427 US	RT 2. BOX 325 CARYVILLE FL 32427 US

3. Date Incorporated or Qualified: 01/25/1993
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21 Rt 1 Box 362
Suite, Apt. #, etc. 22
City & State 23 Bonifay, FL 32425
Zip 24 32425 Country 25 US

2a. Mailing Address
26 Rt 1 Box 362
Suite, Apt. #, etc. 27
City & State 28 Bonifay, FL 32425
Zip 29 32425 Country 30 US

4. FEI Number: NOT APPLICABLE ☐ 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

CRUTCHFIELD, DEWEY
RT 2, BOX 325
CARYVILLE FL 32427

10. Name and Address of New Registered Agent

81 Name: Steve Isaacs
82 Street Address (P.O. Box Number is Not Acceptable): Rt 1 Box 362
83
84 City: Bonifay, FL 85 Zip Code: 32425

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: Steve Isaacs — 8/6/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CRUTCHFIELD, DEWEY		1.2 NAME	Isaacs, Steve	
STREET ADDRESS	RT 2, BOX 325		1.3 STREET ADDRESS	Rt 1 Box 362	
CITY-ST-ZIP	CARYVILLE FL		1.4 CITY-ST-ZIP	Bonifay, FL 32425	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ISAACS, STEVE		2.2 NAME	Crutchfield, Dewey	
STREET ADDRESS	RT 1, BOX 362		2.3 STREET ADDRESS	Rt 2 Box 325	
CITY-ST-ZIP	BONIFAY FL		2.4 CITY-ST-ZIP	Caryville, FL	
TITLE	SD	☐ DELETE	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	[redacted]		3.2 NAME	Prescott, Rebe[redacted]	
STREET ADDRESS	RT. 3. BOX 368		3.3 STREET ADDRESS	Rt 3 Box 370-C	
CITY-ST-ZIP	WESTVILLE FL 32464		3.4 CITY-ST-ZIP	Westville, FL 32464	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (3/96)

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: Steve Isaacs RT COUNSEL — 8/6/96 Date — 547-2160 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0017022