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Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002487 (7)**

1. Corporation Name

**FLORAL CITY FIRE DEPARTMENT, INCORPORATED**

Principal Place of Business

8394 E. ORANGE AVE.  
FLORAL CITY FL 34436

Mailing Address

POB 555  
FLORAL CITY FL 34436



3. Date Incorporated or Qualified

**05/28/1993**

4. FEI Number

**59-3325436**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARK J. YERMAN, ESQ.,  
7655 W. GULF TO LAKE HWY.  
STE. 5  
CRYSTAL RIVER FL 34429**

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 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 **P** ☐ DELETE

NAME **WILLIAMSON, MICHAEL**  
STREET ADDRESS **6580 S DOLPHIN**  
CITY-ST-ZIP **FLORAL CITY FL**

TITLE **VP** ☒ DELETE

NAME **BEDFORD, LLOYD**  
STREET ADDRESS **8171 BAYBERRY LANE**  
CITY-ST-ZIP **FLORAL CITY FL**

TITLE **S** ☐ DELETE

NAME **SEWELL, KIMBERLY**  
STREET ADDRESS **10015 S QUARTERHOUSE AVE**  
CITY-ST-ZIP **FLORAL CITY FL**

TITLE **TRES** ☐ DELETE

NAME **HOLDEN, DONNA**  
STREET ADDRESS **7589 S CRESCENT LOOP**  
CITY-ST-ZIP **FLORAL CITY FL**

TITLE **D** ☒ DELETE

NAME **BEDFORD, LLOYD**  
STREET ADDRESS **8060 S BEDFORD RD**  
CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE **D** ☐ DELETE

NAME **CREWS, ELLIS**  
STREET ADDRESS **9430 E TSALA APOPKA DR**  
CITY-ST-ZIP **FLORAL CITY FL 34436**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FLOYD BEDFORD** ☒ Change ☐ Addition  
**8171 BAYBERRY LANE**  
**FLORAL CITY FL**

**LLOYD BEDFORD** ☒ Change ☐ Addition  
**6115 S. SUNDIAL DR**  
**FLORAL CITY FL**

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:

**SIGNATURE REQUIRED**

**1-19-98 352 726 2260**

CR2E037 (10/97)