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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR -5 PM 3:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N93000004798 (5)

1. Corporation Name

CAPITAL CITY FIREFIGHTERS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/25/1993** 3a. Date of Last Report **03/02/1994**
4. FEI Number **59-2839560** Applied For ☐
Not Applicable ☐

Principal Place of Business Mailing Address
PO BOX 6753 TALLAHASSEE FL 32314-6753 **PO BOX 6753 TALLAHASSEE FL 32314-6753**

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

5. Certificate of Status Desired ☐ **\$9.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 601(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

**RANDOLPH, MICHAEL O
402 MERCURY DRIVE
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **RANDOLPH, MICHAEL O**
STREET ADDRESS **402 MERCURY DR.**
CITY - ST - ZIP **TALLAHASSEE FL 32301**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **900001451819**
1.4 CITY - ST - ZIP **-04/10/95--01034--001**

TITLE **D**
NAME **BROWN, ANNETTE**
STREET ADDRESS **5874/B LUMBER JACK LANE**
CITY - ST - ZIP **TALLAHASSEE FL 32303**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D**
NAME **GREEN, JAMES**
STREET ADDRESS **501 BLAIRSTONE RD.#904**
CITY - ST - ZIP **TALLAHASSEE FL 32302**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **GOLEY, DONALD**
STREET ADDRESS **8951 CELIA ROAD**
CITY - ST - ZIP **TALLAHASSEE FL 32310-1**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 its 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:

Michael O Randolph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95
Date

Signature / Name