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 MAY -1 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002371 (2)

1. Corporation Name

POLK COUNTY FIRE DEPARTMENT AUXILIARY STATION 42 0 INC.

Principal Place of Business	Mailing Address
8436 US HIGHWAY 98 NORTH LAKELAND FL 33809	8436 US HIGHWAY 98 NORTH LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 8936 US HWY 98 N	2a. Mailing Address: 26 8936 US HWY 98 N
Suite, Apt #, etc: 22	Suite, Apt #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report:
4. FEI Number: 59-3195286 ☐ 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
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

SCHWARTZ, JAY
5728 BAMBI DRIVE
LAKELAND FL 33809

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT D	1.1 TITLE	☐ Change ☐ Addition
NAME	TIM RITCHEY	1.2 NAME	
STREET ADDRESS	409 W. SOCRUM LOOP RD.	1.3 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL. 33809	1.4 CITY ST ZIP	
TITLE	VICE PRESIDENT D	2.1 TITLE	☐ Change ☐ Addition
NAME	NAT HARGROVE	2.2 NAME	
STREET ADDRESS	7925 N. CAMPBELL Rd.	2.3 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL. 33819	2.4 CITY ST ZIP	
TITLE	SECRETARY / TREASURER	3.1 TITLE	☐ Change ☐ Addition
NAME	JAY SCHWARTZ	3.2 NAME	
STREET ADDRESS	5728 BAMBI DRIVE	3.3 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL. 33809	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
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: JAY SCHWARTZ 4/27/95 (813) 859-3589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067190