FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400002371

POLK COUNTY FIRE DEPARTMENT AUXILIARY STATION 42 0 INC.

Principal Place of Business
8936 US HWY 98 N LAKELAND FL 33809 US

Mailing Address

PO BOX 92106 LAKELAND FL 33804-106

FILED Feb 19, 1999 8:00 am § Secretary of State

02-19-1999 90015 043 ****61.25

2. Principal Place of Business		2a	2a. Mailing Address			Date Incorporated or Qualifed				
21		26	6			05/05/1994				
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For				
22		27	ار.			59-3195286 Not Applicable				
City & State	9	28	City & State			5. Certifcate of Status Desired See Required				
Zip 24	Country 25	29	Zip Country			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent				100,	10. Name and Address of New Registered Agent					
		<u> </u>		81	1	Name				
TURBEVILLE, SHANNON R 4024 E TIMBERLAKE RD LAKELAND FL 33810			82							
			0.3							
				84	1	City FL 85 Zip Code				
11. Pursuant i	to the provisions of Sections 617.0	502 and 6	617.1508, Florida Sta	atutes, the above	e-n	-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 be 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: Pa	nintered Agent alongues of	required when reinstating) DATE	 	— (
12,	OFFICERS AND DIRECTORS		13.						
	PD STATE OF THE OFFICE	DELETE	1.1 TITLE	PD	☐ Change	Addition			
NAME	RITCHEY, TIM		1.2 NAME	Oakley, Sean					
STREET ADORESS	409 W SOCRUM LOOP RD		1,3 STREET ADDRESS	5727 Bambi Dr.					
CITY-ST-ZIP	LAKELAND FL		1,4 CITY-ST-ZIP	Lakeland, FL 33809					
TITLE	VD	DELETE	2.1 TITLE	VD	Change	Addition			
NAME	OAKLEY, SEAN		2.2 NAME	Schwartz, Jay		}			
STREET ADDRESS			2.3 STREET ADDRESS	5728 Bambi Dr.		1			
CITY-ST-ZIP	LAKELAND FL 33809		2. 4 CITY-ST-ZIP	Lakeland, FL 33809					
TITLE	STD	☐ DELETE	3.1 TITLE	↓	Change	☐ Addition			
NAME	TURBEVILLE, SHANNON R		3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS	4024 E Timberlake Rd.	•				
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-ST-ZIP	Lakeland, FL 33810					
TITLE		☐ DELETE	4.1 TTLE		☐ Change	☐ Addition			
NAME	-		4, 2 NAME			- 1			
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						

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, with all other like empowered.

SIGNATURE: