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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 PM 2:23

DOCUMENT # N94000003433 (9)

1. Corporation Name

POLK COUNTY FIRE DEPARTMENT AUXILIARY STATION 41
0 INC.

Principal Place of Business	Mailing Address
200 COMMONWEALTH AVE POLK CITY FL 33868	P O BOX 872 POK CITY FL 33868

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:
4. FEI Number: ☑ 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

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

9. Name and Address of Current Registered Agent

MCPHERSON, GUY
200 COMMONWEALTH AVE
POLK CITY FL 33868

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	1.1 TITLE	President -D	☑ Change ☐ Addition
NAME	Guy McPherson	1.2 NAME	Sylvain Hamel	
STREET ADDRESS	230 Carker Blvd.	1.3 STREET ADDRESS	130 CArker Blvd.	
CITY-ST-ZIP	Polk City Fla 33868	1.4 CITY-ST-ZIP	Polk City Fla 33868	
TITLE	Vice-Predent	2.1 TITLE	Vice-President-D	☑ Change ☐ Addition
NAME	Scott Schmidt	2.2 NAME	Jim Clark	
STREET ADDRESS	10200 Stephens Dr.	2.3 STREET ADDRESS	631 Tavares Rd.	
CITY-ST-ZIP	Polk City, Fla 33868	2.4 CITY-ST-ZIP	Polk City Fla 33868	
TITLE	Secretary/Treasurer	3.1 TITLE	Secretary/Treasurer-D	☑ Change ☐ Addition
NAME	Terri Weeks	3.2 NAME	Crystal Clark	
STREET ADDRESS	5583 Citrus Hill Dr.	3.3 STREET ADDRESS	631 TAVAREs Rd	
CITY-ST-ZIP	Polk City, Fla 33868	3.4 CITY-ST-ZIP	Polk City Fla 33868	
TITLE	Board Member	4.1 TITLE	Board member-D	☑ Change ☐ Addition
NAME	Jim Clark	4.2 NAME	Scott Schmidt	
STREET ADDRESS	631 TAVAREs Rd	4.3 STREET ADDRESS	10200 Stephens Dr	
CITY-ST-ZIP	Polk City, Fla 33868	4.4 CITY-ST-ZIP	Polk City Fla 33868	
TITLE	Board member	5.1 TITLE		☐ Change ☐ Addition
NAME	mike moore	5.2 NAME		
STREET ADDRESS	8903 Hammock Loop	5.3 STREET ADDRESS		
CITY-ST-ZIP	Polk City Fl 33868	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	Board Member-D	☐ Change ☑ Addition
NAME		6.2 NAME	Paul O'Neal	
STREET ADDRESS		6.3 STREET ADDRESS	11012 S.R. 33	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Polk City Fla 33868	

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: Crystal Clark Crystal Clark 5/7/95 (407) 931-5321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062154