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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000004590 (5)

1. Corporation Name

PLEASANT GROVE FIRE DEPARTMENT, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/14/1994** 3a. Date of Last Report **N/A**

4. FBI Number **59-3280587** 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

Principal Place of Business Mailing Address
9350 GULF BEACH HIGHWAY PENSACOLA FL 32507

2. Principal Place of Business 2a. Mailing Address
21 **9350 GULF BEACH HWY** 26 **9350 GULF BEACH HWY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **PENSACOLA FL** 27 **PENSACOLA FL**
City & State City & State
24 **32507** 25 **ESCAMBIA** 28 **32507** 30 **ESCAMBIA**
Zip County Zip County

9. Name and Address of Current Registered Agent
SLUDER, GENE SR
2775 WELLER AVE.
PENSACOLA FL 32507

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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT ROBERT TOOP 11095 LILLIAN HWY PENSACOLA, FL 32507 | 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP | DIRECTOR KEVIN AYERS 2603 SHERMAN AVE PENSACOLA, FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VICE PRESIDENT GENE SLUDER 2775 WELLER AVE PENSACOLA FL 32507 | 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP | SECRETARY KARL GERHARDS 614 RENTZ AVE PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TRESURE BOBBY SUMMERLIN 10015 GULF BEACH HWY PENSACOLA, FL 32507 | 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP | DIRECTOR SHANE GROGAN 4047 SHOREWOOD DR PENSACOLA, FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR ALAN WILLIAMS 8517 SAN JUAN CALZADA PENSACOLA, FL 32507 | 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP | DIRECTOR JOHN HALLIDAY 88 IOWJIMA PENSACOLA, FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR JERRY SKATES 9845 NORTH LOOP RD PENSACOLA, FL 32507 | 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP | DIRECTOR MARY C. BEASLEY 9145 GULF BEACH HWY PENSACOLA, FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(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 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: ALAN WILLIAMS *[Signature]* MAY 02, 1995 (904)492-3652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)