

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004590 (5)**  
1. Corporation Name  
**PLEASANT GROVE FIRE DEPARTMENT, INC.**



Principal Place of Business <b>PO BOX 4460 PENSACOLA FL 32507 US</b>	Mailing Address <b>6350 GULF BEACH HIGHWAY PENSACOLA FL 32507</b>
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3. Date Incorporated or Qualified <b>09/14/1994</b>	
4. FEI Number <b>59-3280587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**AYERS, KEVIN  
2603 SHERMAN AVE  
PENSACOLA FL 32507**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GERHARDS, KARL R</b>
STREET ADDRESS	<b>10947 JOLYNE TERR</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GERHARDS, KARL</b>
STREET ADDRESS	<b>2775 WELER AVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DOZIER, RICHARD</b>
STREET ADDRESS	<b>11108 PINE HALL DR.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GROGAN, SHANE</b>
STREET ADDRESS	<b>4047 SHOREWOOD DR.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SUMMERLIN, BOBBY</b>
STREET ADDRESS	<b>10015 GULF BEACH HWY</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AYERS, KEVIN</b>
STREET ADDRESS	<b>2603 SHERMAN AVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JACQUET, RON</b>
1.3 STREET ADDRESS	<b>51 CONSTELLATION CT</b>
1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ANTHONY SMITH</b>
3.3 STREET ADDRESS	<b>1212 PAULDING AV</b>
3.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MAXINE BEASLEY</b>
4.3 STREET ADDRESS	<b>9145 GULF BEACH HWY</b>
4.4 CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>KEVIN AYERS</b>
6.3 STREET ADDRESS	<b>2603 SHERMAN AV</b>
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.

SIGNATURE: *[Handwritten Signature]*

*2-27-98*

CR2E037 (10/97)