


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90010 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000004590 ✓

1. Corporation Name
 PLEASANT GROVE FIRE DEPARTMENT, INC.

Principal Place of Business: PO BOX 4460, PENSACOLA FL 32507, US
 Mailing Address: 9350 GULF BEACH HIGHWAY, PENSACOLA FL 32507



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/14/1994	
22	22. City & State	27	27. City & State	4.	FEI Number	Applied For
	Zip	28	28. Zip		59-3280587	Not Applicable
23	23. Country	29	29. Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	24. Country	30	30. Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AYERS, KEVIN 2603 SHERMAN AVE PENSACOLA FL 32507				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 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 _____ 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	S	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACQUET, RON			1.2 NAME			
STREET ADDRESS	51 CONSTELLATION CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERHARDS, KARL			2.2 NAME			
STREET ADDRESS	2775 WELLER AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ANTHONY			3.2 NAME			
STREET ADDRESS	1212 PAULDING AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32507			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEASLEY, MAXINE			4.2 NAME			
STREET ADDRESS	9145 GULF BEACH HWY			4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32507			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUMMERLIN, BOBBY			5.2 NAME			
STREET ADDRESS	10015 GULF BEACH HWY			5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			5.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AYERS, KEVIN			6.2 NAME			
STREET ADDRESS	2603 SHERMAN AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32507			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: Kevin Ayers SIGNATURE REQUIRED July 1, 99 (850) 969-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #