SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 21 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005372 (7)

1. Corporation Name

THE HIGHLANDS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
4333 S LITTLE AL POINT INVERNESS FL 34450	4333 S LITTLE AL POINT INVERNESS FL 34450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3274953 ☐ 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 ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARINELLI, JERRY 4333 S LITTLE AL POINT INVERNESS FL 34450	81 Name: Jeffrey A. Mohs 82 Street Address (P.O. Box Number is Not Acceptable): 4333 S. Little Al Point 83 84 City: Inverness FL 85 Zip Code: 34450

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: [signature] Jeffrey. A. Mohs, President 6-17-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	PRESIDENT / D ☒ Change ☐ Addition
NAME	MARINELLI, JERRY	12 NAME	JEFFREY A. MOHS
STREET ADDRESS	5500 E BELLA AVE	13 STREET ADDRESS	6021 E. WINGATE STREET
CITY-ST-ZIP	INVERNESS FL 34452	14 CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	V	21 TITLE	VICE PRESIDENT / D ☒ Change ☐ Addition
NAME	MOHS, JEFFREY	22 NAME	DENNIS DEVOE
STREET ADDRESS	6021 E WINGATE ST	23 STREET ADDRESS	6121 E. RECTOR STREET
CITY-ST-ZIP	INVERNESS FL 34450	24 CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	T	31 TITLE	TREASURER / D ☒ Change ☐ Addition
NAME	DUQUETTE, ALMA	32 NAME	ROY BLOTZ
STREET ADDRESS	10825 S FLUTTER TER	33 STREET ADDRESS	4275 E. CARL RAMM LANE
CITY-ST-ZIP	INVERNESS FL 34450	34 CITY-ST-ZIP	INVERNESS, FL 34452
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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: [signature] 6-17-95 344-4285.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEFFREY A. MOHS., PRESIDENT

0010232