

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005372 (7)**

1. Corporation Name

**THE HIGHLANDS VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business	Mailing Address
<b>4333 S LITTLE AL POINT INVERNESS FL 34452 US</b>	<b>4333 S LITTLE AL POINT INVERNESS FL 34452-7520 US</b>

3. Date Incorporated or Qualified <b>10/24/1994</b>	3a. Date of Last Report <b>04/29/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

4. FEI Number <b>59-3274953</b>	Applied For <input type="checkbox"/> Not Applicable
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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>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
<b>MOHS, JEFFREY A 4333 S LITTLE AL POINT INVERNESS FL 34450</b>

10. Name and Address of New Registered Agent
81 Name <b>Roy Blotz</b>
82 Street Address (P.O. Box Number Not Acceptable) <b>4275 Carl Ramm Lane</b>
83
84 City <b>Inverness</b> FL 85 Zip Code <b>34452</b>

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 *Roy Blotz* **Roy Blotz** DATE **4-7-97**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>MOHS, JEFFREY A</b>
STREET ADDRESS	<b>6021 E WINGATE ST</b>
CITY-ST-ZIP	<b>INVERNESS FL</b>
TITLE	VPD <input type="checkbox"/> DELETE
NAME	<b>MICHEL, DAVID</b>
STREET ADDRESS	<b>6094 SAGE STREET</b>
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>BLOTZ, ROY</b>
STREET ADDRESS	<b>4275 E CARL RAMM LANE</b>
CITY-ST-ZIP	<b>INVERNESS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dixon, Linda</b>
1.3 STREET ADDRESS	<b>4035 S. Linwood Terr.</b>
1.4 CITY-ST-ZIP	<b>Inverness FL 34452</b>
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Michel, David</b>
2.3 STREET ADDRESS	<b>6094 Sage Street</b>
2.4 CITY-ST-ZIP	<b>Inverness FL 34452</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Roy Blotz* **Roy Blotz** DATE **4-7-97** (352) 226-1078

CR2E037 (9/96)