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Secretary of State

03-06-1999 90025 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000056			
1. Corporation Name POLK COUNTY FIRE DEPARTMENT AUXILIARY STATION 30 INC.			
Principal Place of Business 6525 COUNTY RD. 54 DAVENPORT FL 33837		Mailing Address 6525 COUNTY RD. 54 DAVENPORT FL 33837	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date incorporated or Qualified 01/01/1995		4. FEI Number 59-3286814	
5. Certificate of Status Desired <input type="checkbox"/>		5. Election Campaign Financing <input type="checkbox"/>	
6. Election Campaign Financing <input type="checkbox"/>		Trust Fund Contribution <input type="checkbox"/>	
8. Name and Address of Current Registered Agent BURNS, PATRICK W 262 LOMA BONITA DR. DAVENPORT, FL 33837		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
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 <i>Patrick W. Burns</i> President 1-27-1999 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME BURNS, PATRICK STREET ADDRESS 262 LOMA BONITA DR. CITY-ST-ZIP DAVENPORT FL 33837		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VPD <input type="checkbox"/> DELETE NAME BERTRAND, PATRICK STREET ADDRESS 126 GREENWICH ST CITY-ST-ZIP DAVENPORT FL 33837		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE STD <input checked="" type="checkbox"/> DELETE NAME GARCIA, DAWN STREET ADDRESS 752 SUNRIDGEWOODS BLVD. CITY-ST-ZIP DAVENPORT FL 33837		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME TRAINING OFFICER 3.3 STREET ADDRESS EVANS, Richard S. Jr. 3.4 CITY-ST-ZIP 732 Challenger Ave Davenport, FL 33837	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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:

Patrick W. Burns
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/1999

Date

407/650-3030 -

Daytime Phone #

CR2E037 (1/198)