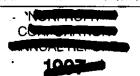
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).





FLORIDA DEPARTMENT OF STATE

Sandra B. Hortham

Secretary of State DIVISION OF CORPORATIONS

N96000003192 (9) DOCUMENT #
1. Corporation Name

VOLUSIA COUNTY FIRE FIGHTERS COUNCIL, INC.

98 FEB 18 AM 9: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address				1				10 10110 HIST 1887
4806 CLYDE MO	DRRIS BLVD., STE. 24	4606 CLYDE MORRIS BLVD	STE. 2-P		AL					
PORT ORANGE FL 32119		PORT ORANGE FL 32119			/ 1/7	DO NOT WRITE IN THIS SPACE				
					, i	3.	Date Incorporated or Qualified 06/12/1996		ate of Las	t Report
2. Principal P	face of Business	2a. Mailing Address				4.	FEI Number			Applied For
21		26				ļ	59-2669874-2426	12		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired			5 Additional
City & State		City & State				<u> </u>	Floriton Consenten Floring			Required
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip				Country			This corporation owes or has pai			
24	25 29 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes X No						
		10. Name and Address of New Registered Agent								
			8	11	Name					
SEDACCA, GARY			82 Street Addr			ss (P	P.O. Box Number is Not Acceptab	e)		
	YDE MORRIS BLVD., STE. 2-P RANGE FL 32119			3						
PORT OF	NAMORE PL 32118			⊥						
				1	City			FL	.	ip Code
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the States of familiar with, and accept the obligat	and 617.1508, Florida Statutes f Florida, Such change was au	, the abo thorized I	by t	named corpor the corporation	ration in's b	n submits this statement for the property acceptions of directors. I hereby acceptions	rpose of	f changing	g its registered as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Flori	da Statut	es.			- ,	,,		
SIGNATURE .	Signature, typed winted wine of registered agent	and title if applicable (NOTE)	Registered A	hoeni	l signature required	i when	reinstating)	DATE		
12. OFFICERS AND DIRECTORS			13.		- THE STATE OF THE		ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
TITLE	0 /	☐ DELETE	1.1 TITLE	E		C		Change	e Addition	
NAME	SEDACCA, GARY		1.2 NAME				2000024	316	322	:O
STREET ADDRESS	2463 OLD SAMSULA RD.		1.3 STREET ADDRESS		DDRESS		-02/16/9 ****122	8U)	1107	-UU4 LOO FO
CITY-ST-ZIP	DAYTONA BEACH FL 32124		1.4 CITY-ST-ZIP		- ZIP		नकन्द्र (८८	. 50	****	
TITLE	D DELETE		2.1 TITLE						Change	e 🔲 Addition
NAME	TAFT, LEN		2.2 NAME							ļ
STREET ADDRESS	422 SEAVIEW AVE.		2.3 STREET ADDRESS							
CITY-ST-ZIP	DAYTONA BEACH FL 32118			2. 4 CITY-ST-ZIP				<u>_</u>	T 05	. I save
TITLE NAME	D DELETE LEMMOND, VAUGHN		3 1 TITLE 3 2 NAME						L Change	e Addition
STREET ADDRESS	119 MINERVA ROAD			3.2 NAME 3.3 STREET ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL 32118			3.4. CITY-ST-ZIP						
TITLE	D DELETE			4.1 TITLE					Change	e Addition
NAME	HERIC, BILL		4. 2 NAM							
STREET ADDRESS	PINE VALLEY CIRCLE		4.3 STREET ADDRESS		DDRESS					ļ
CITY-ST-ZIP	ORMOND BEACH FL 32174			4.4 CITY-ST-ZIP					j	
TITLE	DELETE		5.1 TITLE				Λ Λ	TA	Change	e 🔲 Addition
NAME			5.2 NAME				/\ /L		100	
STREET ADDRESS			5.3 STREI	ET A	DORESS		Q. A	10	198	ļ
CITY-ST-ZIP			5.4 CITY-	-ST-	ZIP			<u> </u>	1,	
TITLE		☐ DELETE	61 TITLE					1	Change	e 🔲 Addition
NAME			6.2 NAME	Ē						
STREET ADDRESS			6.3 STREE	et ac	odress					

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.



VOLUSIA COUNTY FIRE FIGHTERS COUNCIL

Volusia County
FIREFIGHTERS
Council 1. 0

4606 Clyde Morris Blvd., Suite 2-P Port Orange, FL 32119-7454 (904) 322-1200 FAX: (904) 322-0598

January 22, 1998

Florida Dept. of the State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Please find enclosed a our 1997 Corporation Annual Report and a filing fee of \$61.25.

Unfortunately, William Heric, Secretary of the Volusia County Firefighters Council, Inc., suffered a heart attack and required a triple by-pass. He has since returned to work but realized, in his absence, this paperwork had not been taken care.

Please accept our apologies and if you have any questions or require additional information, call our Treasurer, Vaughn Lemmond at (904) 322-1200.

Thank you,

Linda Terrell

Administrative Assistant