

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY - 1 AM 10: 15

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 711351 (7)
1. Corporation Name
OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**HIGHWAY 90 & BAY PARK
P O BOX 101
PANACEA FL 32346**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/16/1966	3a. Date of Last Report 03/11/1994
4. FEI Number 59-1929105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGSTON, WILLIAM R.
SURF ROAD
PANACEA FL 32346**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resubmitting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	LANGSTON, WILLIAM R
STREET ADDRESS	SURF RD
CITY - ST - ZIP	PANACEA, FL 00000
TITLE	P
NAME	DAY, WILLIAM J
STREET ADDRESS	SILVER ACRES RD
CITY - ST - ZIP	PANACEA, FL 00000
TITLE	D
NAME	WYANT, ROBERT
STREET ADDRESS	BAY PARK
CITY - ST - ZIP	PANACEA, FL 0
TITLE	V
NAME	JONES, HERMAN J
STREET ADDRESS	MASHES SAND RD
CITY - ST - ZIP	PANACEA, FL 00000
TITLE	D
NAME	MORGAN, ROBERT
STREET ADDRESS	MASHS SAND RD
CITY - ST - ZIP	PANACEA, FL 00000
TITLE	S
NAME	WYANT, CHARLES W
STREET ADDRESS	WAKULLA CIRCLE
CITY - ST - ZIP	PANACEA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

REMITTED BY MAY 1

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 110.07(3)(b), 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 of this report, or on an attachment with no address.

SIGNATURE: William R. Langston 4-18-95 This 984-5646 (Type in Please)