


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90018 012 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 314988
 1. Corporation Name
WIGINTON FIRE SPRINKLERS, INC.



Principal Place of Business 450 SOUTH COUNTY RD 427 LONGWOOD FL 32750 US	Mailing Address 450 SOUTH COUNTY RD. 427 LONGWOOD FL 32750 US
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 03/20/1967	4. FEI Number 59-1161350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MENZEL, DAVID M
450 SOUTH COUNTY ROAD 427
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name	ROBERT G. JOLLY, VICE PRESIDENT		
82 Street Address (P.O. Box Number is Not Acceptable)	450 SOUTH COUNTY ROAD 427		
83			
84 City	LONGWOOD	85 State	FL
		86 Zip Code	32750

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: *Robert G. Jolly*
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGINTON, JOE E.	1.2 NAME	
STREET ADDRESS	311 SOUTH DOVER COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGINTON, DONALD G.	2.2 NAME	
STREET ADDRESS	636 SYLVAN RESERVE COVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP	
TITLE	VDO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGINTON, ALAN D	3.2 NAME	
STREET ADDRESS	450 COUNTY RD., 427 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENZEL, DAVID M.	4.2 NAME	
STREET ADDRESS	764 WOODCRAFT DR	4.3 STREET ADDRESS	1156 JOHN ANDERSON DRIVE
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, GEORGE W	5.2 NAME	
STREET ADDRESS	709 ENDEAVOR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PAUL	6.2 NAME	
STREET ADDRESS	433 ST. DUNSTAN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	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)(l), 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 607, 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: *David M. Menzel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID M. MENZEL
SENIOR VICE PRESIDENT
 Date: **4-29-99** Daytime Phone #: **407-831-3414**
EXT. 104

CR2E034 (1/98)

314988

475649-90018-12

WIGINTON FIRE SPRINKLERS, INC. 59-1161350

~~WIGINTON FIRE PROTECTION ENGINEERING, INC. 59-354817~~

FLORIDA CORPORATION ANNUAL REPORT - 1999

BOX 13 - ADDITIONAL OFFICERS

VT

JOLLY, ROBERT G.

~~12347 CORP~~

450 SOUTH COUNTY ROAD 427
LONGWOOD, FL 32750

V

ALMOND, RANDELL D.

792 NORTH TRIPLETT LAKE
CASSELBERRY, FL 32707

V

GRABLE, BARRY L.

105 CUMBERLAND CIRCLE
LONGWOOD, FL 32779

V

~~GARY~~ DEQUIR, CLINT T.

1195 HOLLOW PINE DRIVE
OVIDO, FL 32762

V

BROWN, SAM - L.

2274 LAKE MARION DRIVE
APOPKA, FL 32712

V

GRABENHORST, EDWARD J.

1323 DENLOW LANE
ROYAL PALM BEACH, FL 33411

V

ANDERSON, GARY N.

2841 NORTH 73RD AVENUE
HOLLYWOOD, FL 33024

V

GRABENHORST, MICHAEL J.

11014 BRIGHTSIDE DRIVE
TAMPA, FL 33625

V

DIAS, ALLAN T.

11753 LORETTO WOODS CIR.
JACKSONVILLE, FL 32223

V

GREEN, LESTER P.

500 LOCK ROAD
DEERFIELD BEACH, FL 33442