

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 851185 (9)

1. Corporation Name

TRI-STATE SPRINKLER CORPORATION



Principal Place of Business

3729 E. RAINES ROAD
PO BOX 18688
MEMPHIS TN 38118

Mailing Address

3729 E. RAINES ROAD
PO BOX 18688
MEMPHIS TN 38118

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TUTTLE, GERALD
400 SKYLARK ROAD
MARY ESTES FL 32569

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/03/1981

3a. Date of Last Report

01/27/1995

4. FEI Number

62-1060892

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0532 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 607.0535, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Print Name and Title)

Signature of Registered Agent or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TUTTLE, JAMES WILLIAM
STREET ADDRESS RT 6, BOX 505 - 76 PEACH TREE
CITY-STATE-ZIP BYHALIA MS 38611

TITLE VD
NAME BLACKBURN, BOBBY RAY
STREET ADDRESS 2669 HALLE PARKWAY
CITY-STATE-ZIP COLLIERVILLE TN 38017

TITLE SD
NAME BLACKBURN, BOBBIE K
STREET ADDRESS 2669 HALLE PARKWAY
CITY-STATE-ZIP COLLIERVILLE TN 38017

TITLE ST
NAME DANCY, MARY ILENE (ASST)
STREET ADDRESS RT 3 BOX S-108
CITY-STATE-ZIP COLDWATER FL MS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

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 119.07(3)(k), 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.

SIGNATURE:

Bobby R. Blackburn BOBBY R. BLACKBURN

1-29-96

901-365-9616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)