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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **851185** **(9)**

1. Corporation Name
TRI-STATE SPRINKLER CORPORATION

Principal Place of Business	Mailing Address
3729 E. RAINES ROAD PO BOX 18688 MEMPHIS TN 38118	3729 E. RAINES ROAD PO BOX 18688 MEMPHIS TN 38118-6823

3. Date Incorporated or Qualified: 12/03/1981
3a. Date of Last Report: 03/04/1996
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

TUTTLE, GERALD
400 SKYLARK ROAD
MARY ESTES FL 32569

10. Name and Address of New Registered Agent

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

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: Bobby Ray Blackburn PRES. 2-3-97
Signature of appointed agent and title 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	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	TUTTLE, JAMES WILLIAM	1.2 NAME	Blackburn, Bobby Ray
STREET ADDRESS	76 PEACH TREE	1.3 STREET ADDRESS	2669 Halle Parkway
CITY-ST-ZIP	BYHALIA MS	1.4 CITY-ST-ZIP	Collierville, TN
TITLE	VD ☐ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	BLACKBURN, BOBBY RAY	2.2 NAME	Tuttle, James William
STREET ADDRESS	2669 HALLE PARKWAY	2.3 STREET ADDRESS	76 Peachtree
CITY-ST-ZIP	COLLIERVILLE TN	2.4 CITY-ST-ZIP	Byhalia, MS
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BLACKBURN, BOBBIE K	3.2 NAME	
STREET ADDRESS	2669 HALLE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLLIERVILLE TN	3.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DANCY, MARY ILENE (ASST)	4.2 NAME	
STREET ADDRESS	RT 3 BOX S-108	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLDWATER MS	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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 Ray Blackburn 2-21-97 901-365-9616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #