

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:20

DOCUMENT # **F83563** (9)

1. Corporation Name  
**BREVARD FIRE SAFETY, INC.**

Principal Place of Business  
**4025 PINES INDUSTRIAL BLVD  
ROCKLEDGE FL 32955**

Mailing Address  
**4025 PINES INDUSTRIAL BLVD  
ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/02/1982** 3a. Date of Last Report **06/22/1994**

4. FEI Number **59-2198241** 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. Suite, Apt. #, etc 26. Suite, Apt. #, etc  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent  
**TOLLEY, DOROTHY F  
4201 PINEWOOD RD.  
MELBOURNE FL 32934**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when necessary)

(DATE)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PTS</b>
NAME	<b>TOLLEY, DOROTHY F</b>
STREET ADDRESS	<b>4201 PINEWOOD RD.</b>
CITY ST ZIP	<b>MELBOURNE FL</b>
TITLE	<b>VCM</b>
NAME	<b>TOLLEY, C GLENN</b>
STREET ADDRESS	<b>4201 PINEWOOD RD.</b>
CITY ST ZIP	<b>MELBOURNE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY ST ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY ST ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY ST ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY ST ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY ST 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: *Dorothy F. Tolley*  
DOROTHY F. TOLLEY  
DOROTHY F. TOLLEY

6/24/95 (407)  
631-5336