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

CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F95000006328 (7) DOCUMENT #

MERIT SPRINKLER COMPANY, INC.

Principal Place of Business	Mailing Address
PO BOX 1447	PO BOX 1447
KENNER LA 70083	KENNER LA 70063

FILED May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1995 2. Principal Place of Business 2e. Mailing Address 4. FEI Number Applied For 72-0803082 21 26 Not Applicable Suite, Apt #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Zφ Country Country 8. This corporation owes or has paid the current year Intangible 30 ☐ Yes 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 Zip Code 85 11. Pursuant to the provisions of Soctions 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 life if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE Change Addition LAGUNA, ALBERT R NAME 12 NAME 3808 LIME ST STREET ADDRESS 1.3 STREET ADDRESS **METAIRIE LA 70002** CITY-ST-ZIP 1.4 CITY - ST- ZIP Change DELETE Addition TITLE 21 TIFLE LAGUNA, SARAH A NAME 2.2 NAME 3808 LIME ST STREET ADDRESS 2.3 STREET ADDRESS METAIRIE LA 70002 2 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME LAGUNA, ALAN R 32 NAME 1601 N HULLEN ST 3.3 STREET ADDRESS STREET ADDRESS METAIRIE LA 70001 3.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 f THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 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)(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

SIGNATURE:

all Ran

4-16-90