

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 2: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L43676** (0)

1. Corporation Name

**SOUTHERN FIRE PROTECTION OF ORLANDO, INC.**

Principal Place of Business

190 STATE RD 419  
WINTER SPRINGS FL 32708

Mailing Address

190 STATE RD 419  
WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/09/1990** 3a. Date of Last Report **03/22/1994**

4. FEI Number **59-2983932** 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 21 **3801 EAST STATE ROAD 46** 2a. Mailing Address 26 **3801 EAST STATE ROAD 46**

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

City & State 23 **SANFORD, FL** 28 **SANFORD, FL.**

Zip 24 **32771-9155** Country 25 **SEMINOLE** Zip 29 **32771-9155** Country 30 **SEMINOLE**

9. Name and Address of Current Registered Agent

**HOLLIS, LEONARD M.**  
190 ST 419  
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3801 EAST STATE ROAD 46**  
83  
84 City **SANFORD,** FL 85 Zip Code **32771-9155**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIS, LEONARD M.	1.2 NAME	
STREET ADDRESS	190 ST 419	1.3 STREET ADDRESS	3801 EAST STATE RD. 46
CITY - ST - ZIP	WINTER SPRINGS FL	1.4 CITY - ST - ZIP	SANFORD, FL. 32771-9155
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, ROBERT H., JR.	2.2 NAME	
STREET ADDRESS	190 ST 419	2.3 STREET ADDRESS	3801 EAST STATE RD. 46
CITY - ST - ZIP	WINTER SPRINGS FL	2.4 CITY - ST - ZIP	SANFORD, FL. 32771-9155
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACKETT, JACQUELINE	3.2 NAME	
STREET ADDRESS	190 ST 419	3.3 STREET ADDRESS	3801 EAST STATE RD. 46
CITY - ST - ZIP	WINTER SPRINGS FL	3.4 CITY - ST - ZIP	SANFORD, FL. 32771-9155
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(a), 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 *Jacqueline Tackett* Jacqueline Tackett/Sec., Tres. 04/28/95 407/323-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #