

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P01899** (4)
1. Corporation Name
PERKINS FIRE PRO, INC.



Principal Place of Business: **2812 ARMAND ST. MONROE LA 71201**
Mailing Address: **2812 ARMAND ST. MONROE LA 71201**

3. Date Incorporated or Qualified: **05/07/1984**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **71-0592368**
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 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____
Signed by: _____
Title: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, DALTON G	
STREET ADDRESS	103 OAKMONT PLACE	
CITY-STATE-ZIP	JACKSON TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCKMAN, RALPH W	
STREET ADDRESS	3404 DEBORAH DRIVE	
CITY-STATE-ZIP	MONROE LA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WARD, TOMMY	
STREET ADDRESS	#5 PARK	
CITY-STATE-ZIP	ALEXANDER AR	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COOLEY, BETTY	
STREET ADDRESS	2808 MAGELLAN	
CITY-STATE-ZIP	MONROE LA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RICE, WES	
STREET ADDRESS	12027 CHYSTONE CR	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Reed, Wallace
53 STREET ADDRESS	At 2 BOX 441D
54 CITY-STATE-ZIP	Sheridan AR 72150
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Betty S Cooley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty S Cooley Secy TROAS

3/4/96 318-388-2341
DATE OF FILING DATE OF PHONE

CR2E034 (12/95)