

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

**FILED**

**Feb 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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 71201-3752**

3. Date Incorporated or Qualified  
**05/07/1984**

3a. Date of Last Report  
**03/08/1996**

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

**9. Name and Address of Current Registered Agent**  
**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEAVER, DALTON G</b>	
STREET ADDRESS	<b>103 OAKMONT PLACE</b>	
CITY - ST - ZIP	<b>JACKSON TN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROCKMAN, RALPH W</b>	
STREET ADDRESS	<b>3404 DEBORAH DRIVE</b>	
CITY - ST - ZIP	<b>MONROE LA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WARD, TOMMY</b>	
STREET ADDRESS	<b>#5 PARK</b>	
CITY - ST - ZIP	<b>ALEXANDER AR</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>COOLEY, BETTY</b>	
STREET ADDRESS	<b>2808 MAGELLAN</b>	
CITY - ST - ZIP	<b>MONROE LA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, WALLACE</b>	
STREET ADDRESS	<b>ROUTE 2 BOX 441D</b>	
CITY - ST - ZIP	<b>SHERIDAN AR</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:** *Betty Cooley* **BETTY COOLEY** Sec/Treas. 2/11/97 318-388-2341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)