

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

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AND
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95 APR 18 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S49648** (6)

1. Corporation Name
COAST TO COAST SPRINKLERS, INC.

Principal Place of Business: **4060 CASINO COURT SPRING HILL FL 34606**
Mailing Address: **4060 CASINO COURT SPRING HILL FL 34606**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 5160 Commercial Way		26 5160 Commercial Way		04/30/1991	04/15/1994
22 H-3		27 H-3		4. FEI Number	Applied For
23 Spring Hill, Fl.		28 Spring Hill, Fl.		59-3070632	Not Applicable
24 34606		25 Hernando		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29 34606		30 Hernando		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DEWEESE, MITCHELL P. 4060 CASINO COURT SPRING HILL FL 34606				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				Homosassa FL 34448	

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 (applicable)

(NOTE: Registered Agent signature required when registering)

(SEE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWEESE, MITCHELL P.	1.2 NAME	
STREET ADDRESS	4060 CASINO COURT	1.3 STREET ADDRESS	4529 South Shellpoint
CITY ST ZIP	SPRING HILL FL	1.4 CITY ST ZIP	Homosassa, Fl. 34448
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWEESE, MITCHELL P.	2.2 NAME	
STREET ADDRESS	4060 CASINO COURT	2.3 STREET ADDRESS	4529 South Shellpoint
CITY ST ZIP	SPRING HILL FL	2.4 CITY ST ZIP	Homosassa, Fl. 34448
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
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)(b), 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:

Mitchell Dewese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95 904-646-4414
Date Signature (Phone #)