

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

**FILED**

**Feb 27 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 # S49648 (6)**

1. Corporation Name  
**COAST TO COAST SPRINKLERS, INC.**



Principal Place of Business: **5160 COMMERCIAL WAY H-3 SPRING HILL FL 34606 US**  
Mailing Address: **5160 COMMERCIAL WAY H-3 SPRINGS HILL FL 34606-1931 US**

3. Date Incorporated or Qualified: **04/30/1991**  
3a. Date of Last Report: **05/10/1996**  
4. FEI Number: **59-3070632**  
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 5236 COMMERCIAL WAY**  
Suite, Apt. #, etc.:  
22 City & State:  
23 Zip: Country:  
24 25  
2a. Mailing Address: **26 5236 COMMERCIAL WAY**  
Suite, Apt. #, etc.:  
27 City & State:  
28 Zip: Country:  
29 30

**9. Name and Address of Current Registered Agent**

**DEWESE, MITCHELL P.  
4529 SOUTH SHELLPOINT  
HOMOSASSA, FL  
HOMOSASSA FL 34448**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DPT</b> <input type="checkbox"/> DELETE
NAME	<b>DEWESE, MITCHELL P.</b>
STREET ADDRESS	<b>4529 SOUTH SHELLPOINT</b>
CITY-ST-ZIP	<b>HOMOSASSA FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>DEWESE, MITCHELL P.</b>
STREET ADDRESS	<b>4529 SOUTH SHELLPOINT</b>
CITY-ST-ZIP	<b>HOMOSASSA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Mitchell Dewese* **MITCHELL DEWESE** 2-24-97 352-686-4414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)