FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 14 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 306847 (5)

1. Corporation Name
WINDMILL SPRINKLER COMPANY INC.

Principal Place of Business	Mailing Address
1535 WEST SUNRISE BOULEVARD FORT LAUDERDALE FL 33311	1535 WEST SUNRISE BOULEVARD FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1966
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 59-1156263 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MEREDITH, WILLIAM J., SR.
1535 W. SUNRISE BLVD.
SUITE 300
FORT LAUDERDALE FL 33311

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	MEREDITH, WILLIAM J. SR.	1.2 NAME		
STREET ADDRESS	1911 SURFSIDE DR.	1.3 STREET ADDRESS	3167 Shell Lane	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	LaBelle, fl 33935	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	MEREDITH, WILLIAM JR	2.2 NAME		
STREET ADDRESS	2649 NE 26 AVE	2.3 STREET ADDRESS	1845 S W 81 Terr	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Davie, Fl 33324	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	MEREDITH, DEAN J	3.2 NAME		
STREET ADDRESS	9779 W ATLANTIC AVE	3.3. STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP		
TITLE	STD	4.1 TITLE		☒ Change ☐ Addition
NAME	MEREDITH, PATRICIA G	4.2 NAME		
STREET ADDRESS	1911 SURFSIDE DRIVE	4.3 STREET ADDRESS	3167 Shell Lane	
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	LaBelle, Fl 33935	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MEREDITH, THEODORE I	5.2 NAME		
STREET ADDRESS	1770 NE 59 CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	MEREDITH, DAVIS M	6.2 NAME		
STREET ADDRESS	1911 SURFSIDE DR.	6.3 STREET ADDRESS	1809 Surfside Dr	
CITY-ST-ZIP	FT. PIERCE FL 34949	6.4 CITY-ST-ZIP	Ft Pierce, Fl 34949	

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)(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: Patricia G Meredith
Patricia G Meredith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95
Date

305-763-3414
(Daytime Phone #)

0433334 FP