

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 # **306847** (5)

1. Corporation Name
WINDMILL SPRINKLER COMPANY INC.



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

3. Date Incorporated or Qualified: **07/01/1966**
3a. Date of Last Report: **03/14/1995**

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

4. FEI Number: **59-1156263**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name: **William J Meredith, SR**
82 Street Address (P.O. Box Number is Not Acceptable): **1535 W. SUNRISE Blvd**
83
84 City: **FT Lauderdale** FL 85 Zip Code: **33311**

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: *William J Meredith, SR* DATE: **1/18/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEREDITH, WILLIAM J. SR.	
STREET ADDRESS	3167 SHELL LANE	
CITY-ST-ZIP	LABELLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEREDITH, WILLIAM JR	
STREET ADDRESS	1845 SW 81 TERR	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEREDITH, DEAN J	
STREET ADDRESS	9779 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MEREDITH, PATRICIA G	
STREET ADDRESS	3167 SHELL LANE	
CITY-ST-ZIP	LABELLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEREDITH, THEODORE I	
STREET ADDRESS	1770 NE 59 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEREDITH, DAVIS M	
STREET ADDRESS	1809 SURFSIDE DR	
CITY-ST-ZIP	FT. PIERCE FL	

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	

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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: *William J Meredith, SR* DATE: **1/18/96** TELEPHONE: **954-763-3444**

CR2E034 (12/95)