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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 306847

(5)

WINDMILL SPRINKLER COMPANY INC.

	F	ILED	
May	19	1997	8:00am
Sec	ret	ary of	State

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Principal Place of Business Mailing Address						at Atan Aibit Bian ainn a		
	SUNRISE BOULEVARD RDALE FL 33311	1535 WEST SUNRISE BOULEVARD FORT LAUDERDALE FL 33311-7042						
					3. Date Incorporated or Qualified 07/01/1966	3a. Date of Last 03/15/1996		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	ļ ļ	Applied For	
21		26			59-1156263	1	Vot Applicable	
Suite, Apt	l. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		Additional Required	
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00	О Мау Ве	
23		28			Trust Fund Contribution	Addec Addec	d to Fees	
Zip	Country	Zip	Country	/	8. This corporation has liability fo		s. 199.032,	
24	[25]	29	[30]			Yes No		
	9. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New F	legistered Agent		
	REDITH, WILLIAM J., JR.		81	Name				
	95 W. Sunrise BLVD. HTE 300		82	Street Add	dress (P.O. Box Number is Not Accept	able)		
FO	RT LAUDERDALE FL 33311		83					
			84	City	and the first production of the Company of the State of t	FL 85 Zip	o Code	
office or agent. I					rporation submits this statement for the ation's board of directors. I hereby acc	ept the appointment a	is registered	
12.	OFFICERS AND		18.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	PRS IN 12	
TITLE	DP	🔲 DELETE	1.A TOLE			☐ Change	Addition	
NAME	MEREDITH, WILLIAM J. SR.		1.2 NAME					
STREET ADDRESS			1,8 STREE	1 ADDRESS				
CITY-ST-ZIP	LABELLE FL		1.4 CITY-	\$1-7IP				
TITLE	VD	☐ DELETE	2.1 Tr1LE			☐ Change	Addition	
NAME	MEREDITH, WILLIAM JR		2.2 NAME					
STREET ADDRESS			2.8 STREE	ADDRESS				
CITY-ST-ZIP	DAVIE FL		24 CITY -	S1-ZIP				
TITLE	VO	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	MEREDITH, DEAN J		3.2 NAME					
STREET ADDRESS			3.8 STREE	ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-	SI-7IP				
TITLE	SID	☐ DELETE	4.i TITLE			☐ Change	Addition	
NAME	MEREDITH, PATRICIA G		4. 2 NAME					
STREET ADDRESS			4.\$ STREE	ADDRESS				
CITY-ST-ZIP	LABELLE FL		4.4 CITY-	S1 - ZIP				
TITLE	D	DELETE	5.1 11TLE			☐ Change	Addition	
NAME	MEREDITH, THEODORE I		5.2 NAME					
STREET ADDRESS			5.8 STREE	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		5.4 CITY- :	ST-ZIP				
TITLE	D	☐ DELF1E	6.1 111t E			Change	Addition	
NAME	MEREDITH, DAVIS M		6.2 NAME					
******************************	1800 SURESIDE DR		0.0.07077					

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. 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 by executor his 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.