PROFIT CORPORATION ANNUAL REPORT 1998

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

APPROVED AND FILED

98 JUN -5 PM 4:07

[redacted]

DOCUMENT # 335144 (2)

1. Corporation Name
POMPANO FIRE EQUIPMENT INC

Principal Place of Business	Mailing Address
11 S.W. 5TH CT. POMPANO BEACH FL 33060 US	P.O. BOX 295 POMPANO BEACH FL 33061-0295

3. Date Incorporated or Qualified: 09/17/1968
3a. Date of Last Report:
4. FEI Number: 59-1275754 — 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 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address: 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Name: Patrick L. Bailey	81 Name: Patrick L. Bailey
Street Address (P.O. Box Number is Not Acceptable): 2335 E. Atlantic Blvd. #300	82 Street Address (P.O. Box Number is Not Acceptable): 2335 E. Atlantic Blvd. #300
Pompano Beach, Fl 33062	83 Pompano Beach, Fl 33062
City — FL — 85 Zip Code	84 City — FL — 86 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 [signature] (Patrick L. Bailey) 4-30-98
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD	☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
1.2 NAME	David J.Day		1.2 NAME	David J. Day
1.3 STREET ADDRESS	154 Fletcher Street		1.3 STREET ADDRESS	76 Northeastern Blvd
1.4 CITY-ST-ZIP	Lowell, MA 01854		1.4 CITY-ST-ZIP	Nashua, NH 03062
2.1 TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	Patrick L. Bailey		2.2 NAME	500002560755
2.3 STREET ADDRESS	2335 E. Atlantic Blvd. #300		2.3 STREET ADDRESS	-06/16/98--01061--015
2.4 CITY-ST-ZIP	Pompano Beach, Fl 33062		2.4 CITY-ST-ZIP	****150.00 ****150.00
3.1 TITLE	SD	☒ DELETE	3.1 TITLE	S ☒ Change ☐ Addition
3.2 NAME	Michael F. O'Rourke		3.2 NAME	Jeanne M. Zeller
3.3 STREET ADDRESS	154 Fletcher Street		3.3 STREET ADDRESS	76 Northeastern Blvd
3.4 CITY-ST-ZIP	Lowell, MA 01854		3.4 CITY-ST-ZIP	Nashua, NH 03062
4.1 TITLE	T	☒ DELETE	4.1 TITLE	T ☒ Change ☐ Addition
4.2 NAME	Michael F. O'Rourke		4.2 NAME	Jeanne M. Zeller
4.3 STREET ADDRESS	154 Fletcher Street		4.3 STREET ADDRESS	76 Northeastern Blvd
4.4 CITY-ST-ZIP	Lowell, MA 01854		4.4 CITY-ST-ZIP	Nashua, NH 03062
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	6-10-98
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 007, Florida Statutes, and that my name

[signature] 5-21-98