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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

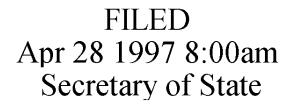
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 401740

(6)

FOUNTAIN FIRE EXTINGUISHER SALES AND SERVICE, IN





Principal Place of Business 1969 N. EVALENA LANE N. FT. MYERS FL 33917		Mailing Address 1969 N. EVALENA LANE N. FT. MYERS FL 33917-3038) 1031/4 6161(95/6/ 115// 106// 5/611 86// 615// 615// 615// 5/6// 615// 615//				
US							3. Date Incorporated or Qualified 05/23/1972	3a. Dat 05/2			port
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Number Applied For				olied For
21		26					59-1404266 Not Applicable				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	le	City & Sta	ate				6 Floation Compaign Financian				<u>, </u>
23	•	28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be			
Zip	Country				ſV						
24	├ŋ '	25 29 30			,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes System [] No				199,032,
==1	9. Name and Address of Curre		nt				10. Name and Address of New Reg				
TAG	GART, ROBERT D			8	1 1	Vame					
	N. EVALENA					3: A.I.I	000				
	T. MYERS FL 33917		82 Street Add			street Addr	ess (P.O. Box Number is Not Acceptable	9)			
				8:	3						
				8	4 (Dity			85	Zip C	ode
dd Dynniaud	to the provisions of Coaling CO2 Of	00 007 41 00 1	In the Otto		<u> </u>			<u>FL</u>	ĻШ		
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such c gations of, Section 6	change was a 607.0505, Flo	uthorized b orida Statuti	by th es.	ne corporat	oration submits this statement for the pulion's board of directors. I hereby accept	the appo	inlmei	nt as r	egistered
DIGHATORE	Signature, typed or printed name of registered ag	jent and tille if applicable.	(NOTE	: Flegisleroa A	gent s	signature requir	ed when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	CTOR	S IN 12
TITLE	P	Ĺ.] DELETE	1.1 TITLE] Cha	inge	Addition
NAME	TAGGART, ROBERT D.			1.2 NAME	E						
STREET ADDRESS	1969 N. EVELENA LANE			1.3 STREE	ET ADI	DRESS					
CITY-ST-ZIP	N. FT. MYERS FL			1.4 CITY	- S1 - Z	HP .					
TITLE	VPST		DELETE	2.1 TITLE					Cha	inge	Addition
NAME	TAGGART, PEGGY T.			2.2 NAME	E						
STREET ADDRESS	1969 N. EVALENA LANE			2.3 STREE	E1 ADE	DR E SS	•				
CITY-ST-ZIP	N. FT. MYERS FL			2. 4 CITY	'- \$1 - Z	ZIF					
TALE] DELETE	3.1 TITLE					Cha	inge	Addition
NAME				3.2 NAME	E						
STREET ADDRESS				3.3 STREE	ET ADO	ORESS					
CITY-ST-ZIP				3.4. CITY	-\$1-2	ZIP					
TITLE			DELETE	4.1 TITLE					Cha	nge	Addition
NAME				4. 2 NAM	¥	ļ					
STREET ADDRESS				4.3 STREE	ET ADI	DRESS					
CITY-ST-ZIP				4.4 CITY-	<u>- ST - Z</u>	IP					
TITLE			DELETE	5.1 TITLE					Cha	nge	Addition
NAME				5.2 NAME	Ł						
STREET ADDRESS				5.3 STREE	ET ADI	DRESS					
CITY-ST-ZIP				5.4 CITY-	- \$1 - 7	'IP					
TITLE			DELFIE	6.1 TITLE			· · · · · ·		Cha	nge	Addition
NAME				6.2 NAME	E						
STREET ADDRESS				6.3 STREE		DRESS					
CITY-ST-ZIP				6.4 CITY-							

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 compyllion or the reconjugation or the reconjugation or the reconjugation of the companion of the compa

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