

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 MAY -1 AM 11:23
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT #

1. Corporation Name

NATIONAL AUTOMATIC FIRE SPRINKLERS, INC.

Principal Place of Business

Mailing Address

**5400 MAYO ST.
HOLLYWOOD, FL. 33023
US**

**5400 MAYO ST.
HOLLYWOOD, FL. 33023
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1972	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1401752	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. 190.017 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTLETT, PATRICIA M.
6611 SW 57TH ST.
FT. LAUDERDALE, FL. 33314**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Patricia M. Bartlett

4-28-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	1.2 NAME	
CITY ST ZIP		1.3 STREET ADDRESS	
	P/T BARTLETT, PATRICIA M. 6611 SW 57TH ST. FT. LAUDERDALE, FL. 33314	1.4 CITY ST ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2.2 NAME	
CITY ST ZIP		2.3 STREET ADDRESS	
	S/V REYNOLDS, BRIAN L. 5400 MAYO ST. HOLLYWOOD, FL. 33023	2.4 CITY ST ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	3.2 NAME	
CITY ST ZIP		3.3 STREET ADDRESS	
		3.4 CITY ST ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	4.2 NAME	
CITY ST ZIP		4.3 STREET ADDRESS	
		4.4 CITY ST ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	5.2 NAME	
CITY ST ZIP		5.3 STREET ADDRESS	
		5.4 CITY ST ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	6.2 NAME	
CITY ST ZIP		6.3 STREET ADDRESS	
		6.4 CITY ST ZIP	

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****200.00 ****200.00**

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)(a), 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 M. BARTLETT *Patricia M. Bartlett* **4/28/95** **(305) 961-6407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR