

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

FILED  
Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **484823**

(0)

1. Corporation Name

**IMPERIAL FIRE HOSE COMPANY**



Principal Place of Business

Mailing Address

**11325 NATIONS FORD ROAD  
11325 PINEVILLE  
PINEVILLE NC 28134**

**C O WILLIAMS HOLDINGS, INC.  
700 NICKERSON RD.  
MARLBOROUGH MA 01752-4663  
US**

3. Date Incorporated or Qualified <b>09/22/1975</b>	3a. Date of Last Report <b>05/21/1996</b>
4. FEI Number <b>59-1640467</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>1000 JUNNY ROAD</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>STATE ROAD 1501</b>	27
City & State	City & State
23 <b>ANGIER NC</b>	28
Zip	Country
24 <b>27501</b>	25 <b>USA</b>
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEMS INC  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b>
85 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: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANNON, JOHN F</b>	1.2 NAME	
STREET ADDRESS	<b>700 NICKERSON ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARLBOROUGH MA 01752</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORMAN, MICHAEL W</b>	2.2 NAME	<b>T</b>
STREET ADDRESS	<b>1000 JUNNY RD. ST RD 1501</b>	2.3 STREET ADDRESS	<b>GORMAN, MICHAEL W</b>
CITY - ST - ZIP	<b>ANGIER NC 27501</b>	2.4 CITY - ST - ZIP	<b>1000 JUNNY RD. ST RD 1501</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASHOUR, AYMAN</b>	3.2 NAME	
STREET ADDRESS	<b>1000 JUNNY RD. ST RD 1501</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ANGIER NC 27501</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

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CR2E034 (9/96)