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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 503380 (8)

1. Corporation Name
REASBECK SPRINKLERS & PUMPS, INC.

Principal Place of Business

REASBECK SPRINKLERS & PUMPS INC
6234 HAYES ST
HOLLYWOOD FL 33024

Mailing Address

REASBECK SPRINKLERS & PUMPS INC
6234 HAYES ST
HOLLYWOOD FL 33024-5938

3. Date Incorporated or Qualified
05/18/1976

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2118813

Applied For

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 6234 Hayes St.
Suite Apt. #, etc.

2a. Mailing Address

26 Hollywood, Fla. 33024
Suite Apt. #, etc.

22 City & State

23 Hollywood, Fla.
Country

24 33024 25 U.S.A.

27 City & State

28 Same
Zip Country

29 33024 30 U.S.A.

9. Name and Address of Current Registered Agent

REASBECK, PHILIP P
6234 HAYES ST
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Sign other, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REASBECK, PHILIP P.
STREET ADDRESS 6234 HAYES ST.
CITY- ST- ZIP HOLLYWOOD FL 33024

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-954-9897916

CR2E034 (9/96)