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**Apr 29 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 # 570098 (4)
1. Corporation Name
HAINES CITY FIRE EXTINGUISHER SERVICE, INC.



Principal Place of Business Mailing Address
**3491 EAST HINSON AVE.
P. O. BOX 425
HAINES CITY FL 33844** **3491 EAST HINSON AVE.
P. O. BOX 425
HAINES CITY FL 33844-8354**

3. Date Incorporated or Qualified: **04/21/1978** 3a. Date of Last Report: **04/30/1996**
4. FEI Number: **59-1853422** Applied For: Not Applicable
6. 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**WILLIS, MICHAEL R.
3491 E. HINSON AVE.
HAINES CITY, FL.
33844**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	WILLIS, MICHAEL R.	
STREET ADDRESS	3491 E. HINSON AVE.	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	VD	<input type="checkbox"/>
NAME	WILLIS, RANDOLPH	
STREET ADDRESS	317 S. 8TH. ST.	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	SD	<input type="checkbox"/>
NAME	WILLIS, DONNA	
STREET ADDRESS	3491 E. HINSON AVE.	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	TD	<input type="checkbox"/>
NAME	WILLIS, CAROLINE	
STREET ADDRESS	317 S. 8TH. ST.	
CITY - ST - ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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: _____ **Michael R. Willis, Pres** 4/23/97 941-422-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)