

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 570098 (4)
 1. Corporation Name
HAINES CITY FIRE EXTINGUISHER SERVICE, INC.



Principal Place of Business 3491 EAST HINSON AVE. P. O. BOX 425 HAINES CITY FL 33844	Mailing Address 3491 EAST HINSON AVE. P. O. BOX 425 HAINES CITY FL 33844
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1978	
21	22	23	24	25	26
Suite, Apt. #, etc.		City & State		Zip	
27		28		29	
City & State		City & State		Country	
24		25		26	
Zip		Country		Country	
g. Name and Address of Current Registered Agent				4. FEI Number 59-1853422	
WILLIS, MICHAEL R. 3491 E. HINSON AVE. HAINES CITY, FL. 33844				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WILLIS, MICHAEL R. 3491 E. HINSON AVE. HAINES CITY, FL. 33844				61	Name
				62	Street Address (P.O. Box Number is Not Acceptable)
				63	
				64	City
				65	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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, MICHAEL R.	1.2 NAME	
STREET ADDRESS	3491 E. HINSON AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HAINES CITY FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, RANDOLPH	2.2 NAME	
STREET ADDRESS	317 S. 8TH. ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HAINES CITY FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, DONNA	3.2 NAME	
STREET ADDRESS	3491 E. HINSON AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HAINES CITY FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, CAROLINE	4.2 NAME	
STREET ADDRESS	317 S. 8TH. ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	HAINES CITY FL	4.4 CITY - ST - ZIP	
TITLE		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		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 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* Michael R. Willis 4/30/98 941-422-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0418724

CR2E034 (10/97)