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 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 657454 (5)

1. Corporation Name
FIRE PROTECTION CONTRACTORS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
450 CR 427 P.O. BOX 520160 LONGWOOD FL 32752-7160 US	450 CR 427 P.O. BOX 520160 LONGWOOD FL 32752-7160 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1980
3a. Date of Last Report: 05/27/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1982991	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

WIGINTON, JOE E.
450 CTY RD 427
LONGWOOD FL 32752

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 _____ 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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	RYAN, JOHN H	1.2 NAME	JIM KELLOCK	
STREET ADDRESS	3902 E. 16TH STREET	1.3 STREET ADDRESS	825 CORPORATE WOODS PARKWAY	
CITY-ST-ZIP	INDIANAPLIS, IND 00000	1.4 CITY-ST-ZIP	VERNON HILLS, IL	
TITLE	DS	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, JIM D	2.2 NAME		
STREET ADDRESS	15521 W 110TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	LENEXA, KANAS 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAFIN, CLAUDE	3.2 NAME		
STREET ADDRESS	4242 OUTLAND RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP		
TITLE	DP	4.1 TITLE	T	☒ Change ☐ Addition
NAME	OLIVER, WILLIAM L	4.2 NAME		
STREET ADDRESS	501 FEHELEY DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA, PA00000	4.4 CITY-ST-ZIP		
TITLE	DT	5.1 TITLE	P	☒ Change ☐ Addition
NAME	WIGINTON, JOE E	5.2 NAME		
STREET ADDRESS	450 CTY RD 427	5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LIVINGSTON, J.	6.2 NAME		
STREET ADDRESS	5150 LAWRENCE PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	HYATTSVILLE MD	6.4 CITY-ST-ZIP		

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)(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: Joe E. Wiginton 4/27/95 407-831-3414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP