FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **657454** **(5)**

1. Corporation Name

FIRE PROTECTION CONTRACTORS DEVELOPMENT CORPORAT ION

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

3. Date Incorporated or Qualified: **02/28/1980**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: **59-1982991** ☐ Applied For ☐ Not Applicable

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

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's signature is required when changing agent.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLOCK, JIM		1.2 NAME	
STREET ADDRESS	825 CORPORATE WOODS PARKWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	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	☐ DELETE	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	T	☐ DELETE	4.1 TITLE	☐ 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	P	☐ DELETE	5.1 TITLE	☐ 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	☐ DELETE	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	

CR2E034 (12/95)

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)(k), 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 5-1-96 467 333-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #