

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

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May 02 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 # **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 32752-0160
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 450 SOUTH COUNTY ROAD 427		26 450 SOUTH COUNTY ROAD 427		02/28/1980		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1982991		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 LONGWOOD, FLORIDA		28 LONGWOOD, FLORIDA		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 32750		29 32750		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

B1 Name	DONALD G. WIGINTON
B2 Street Address (P.O. Box Number is Not Acceptable)	450 SOUTH COUNTY ROAD 427
B3	
B4 City	LONGWOOD FL
B5 Zip Code	32750

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

Donald G. Wiginton

DONALD G. WIGINTON

2-14-97

Signature typed or printed name of registered agent and firm applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JIM D	1.2 NAME	
STREET ADDRESS	15521 W 110TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LENEXA, KANSAS 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFIN, CLAUDE	2.2 NAME	
STREET ADDRESS	4242 OUTLAND RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, WILLIAM L	3.2 NAME	
STREET ADDRESS	501 FEHELEY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA, PA00000	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGINTON, JOE E	4.2 NAME	
STREET ADDRESS	450 CTY RD 427	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, J.	5.2 NAME	
STREET ADDRESS	5150 LAWRENCE PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HYATTSVILLE MD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DONALD G. WIGINTON
STREET ADDRESS		6.3 STREET ADDRESS	450 SOUTH COUNTY ROAD 427
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LONGWOOD, FL

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:

Donald G. Wiginton

2-14-97

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)