

# 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 22 PM 4:05

DOCUMENT # 685756 (9)

1. Corporation Name

COMMERCIAL FIRE AND COMMUNICATIONS, INC.

Principal Place of Business

6520 125TH AVE. N. (LARGO, FL.)  
P.O. BOX 1370  
LARGO FL 34649-8370

Mailing Address

6520 125TH AVE. N. (LARGO, FL.)  
P.O. BOX 1370  
LARGO FL 34649-8370

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/28/1980

3a. Date of Last Report

02/16/1994

4. FEI Number

59-2021844

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

2. Principal Place of Business

21 6510-B 125th Ave. N.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1370

Suite, Apt. #, etc.

City & State

23 Largo, FL

Zip

24 34643

Country

25 Pinellas

City & State

28 Largo, FL

Zip

29 34649

Country

30 Pinellas

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT D III  
33920 U.S. 19 NORTH  
SUITE 20  
PALM HARBOR FL 34684

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WOOTEN, GREGORY  
STREET ADDRESS 6520 125TH AVENUE NORTH  
CITY-ST-ZIP LARGO, FL 00000

TITLE STD  
NAME WOOTEN, TIMOTHY L  
STREET ADDRESS 6520 125TH AVENUE NORTH  
CITY-ST-ZIP LARGO, FL 00000

TITLE VD  
NAME WOOTEN, TIMOTHY L.  
STREET ADDRESS 6520 125TH AVENUE NORTH  
CITY-ST-ZIP LARGO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.H. Wooten, President

March 14, 1995

(813) 530-4521

Date

Telephone Number