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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90141 001 \*\*\*158.75

## DOCUMENT # 685756

1. Corporation Name

COMMERCIAL FIRE AND COMMUNICATIONS, INC.

Principal Place of Business Mailing Address				T SOURTING MENTE M			#14 MEMAT 14001		
6510-B 125TH AVE N		P O BOX 1370		Ì					
P.O. BOX 1370		P.O. BOX 1370			DO NOT MIDITE IN THIS SPACE				
LARGO FL 33773		LARGO FL 33779 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
US I		03				08/28/1980	Qualifed		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26			<u>59-2021844</u>		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	5. Certifcate of Status D	esired X1	\$8.75 A	,	
22		27		_			Fee Re	uired	
City & State		City & State			<ol><li>Election Campaign Fi</li></ol>	nancing	\$5.00	- 1	
23		28				Trust Fund Contributi	on	Added to	Fees
Zip	Zip Country Z		Zip Country			8. This corporation owes the current year Intangible			
24	25 29 30		30			Personal Property Tax.  Yes No			
_	9, Name and Address of Current	t Registered Agent				10. Name and Address	of New Registered	Agent	
DICK	INCON POREDT D III		81	Nan	ne				
DICKINSON, ROBERT D III			82	Stre	et Addres	ss (P.O. Box Number is Not Acceptable)			
33920 U.S. 19 NORTH							<u> </u>		
SUITE 20			83						
PALI	A HARBOR FL 34684		84	City	,			85 Zip C	ode
	•			1			<u>F</u> L	<b>.</b>     _	
11, Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes	s, the abov	e-nam	ed corpor	ation submits this stateme	nt for the purpose of	f changing its intment as rec	registered distered
office or n	egistered agent, or both, in the State of the familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes		Jiporation	5 Doard of directors. There	sby gocopi ino appo		
SIGNATURE									
SIGNATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Age	nt signat	ure required w	rhen reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGE	S TO OFFICERS A		RS IN 12
TITLE .	PD	☐ DELETE	1.1 TITLE		İ			☐ Change	L Addition
NAME	WOOTEN, GREGORY		1.2 NAME		1				l :
STREET ADDRESS	6520 125TH AVENUE NORTH		1.3 STREE	T ADDRE	:SS				
CITY-ST-ZIP	LARGO, FL 00000		1.4 CITY-S	T-ZIP					in a data
TITLE	STD	☐ DELÉTE	2.1 TITLE			·		Change	Addition
NAME	WOOTEN, TIMOTHY L		2.2 NAME						
STREET ADDRESS	6520 125TH AVENUE NORTH		2.3 STREE	TADDRE	:\$8				}
CITY-ST-ZIP	LARGO, FL 00000		2. 4 CITY-1	ST-ZIP		<del></del>			
TITLE	VD	☐ DELETE	3,1 TITLE		-			· Change	Addition
NAME	Wooten, Timothy L.		3.2 NAME						
STREET ADDRESS	ACAA 402711 41/2411/C MODTH								
CITY-ST-ZIP	6520 125TH AVENUE NORTH		3.3 STREE	T ADDRE	≣SS		•		
[ OIT I-OI-EII	LARGO FL		3.3 STREE 3.4. CITY-5		ESS	-			
TITLE		☐ DELETE			ESS	-		☐ Change	☐ Addition
		☐ DELETE	3.4. CITY-				· .	☐ Change	Addition
TITLE		☐ DELETE	3.4. CITY-1	ST-ZIP			· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE NAME		·	3.4. CITY-5 4.1 TITLE 4, 2 NAME	ST-ZIP			· 		
TITLE NAME STREET ADDRESS		. DELETE	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE	ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		·	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE	ST-ZIP TADORI	ESS		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		·	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5	ST-ZIP T ADORE	ESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		·	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	ST-ZIP T ADORE	ESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		. DELETE	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5	ST-ZIP T ADORE	ESS			☐ Change	☐ Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

727 530-4522