

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1985.
AMOUNT DUE ON OR BEFORE 8/9/85: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$975)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # F34018

(4)

95 JUN 30 AM 9:48

1. Corporation Name
AQUA SAFE FIRE PROTECTION COMPANY

Principal Place of Business Making Address
3004 N. HUBERT AVE. POST OFFICE BOX 15742
PO BOX 15742 PO BOX 15742
TAMPA FL 33614 TAMPA FL 33684
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/19/1981** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business 2a. Making Address
5004 No. Hubert Ave Same

4. FEI Number **59-2112464** Applied For Not Applicable

22. Sute, Apt. #, etc. 27. Sute, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State **Tampa, Florida** 28. City & State **Same**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **33614** 25. Country **Hills** 29. Zip **Same** 30. Country **Same**

7. This corporation has liability for intangible tax under s. 109.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MUSICK, JOSEPHINE T.
4708 TANNERY AVE.
TAMPA FL 33624

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 the filer, as applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSICK, DONALD A.	1.2 NAME	
STREET ADDRESS	4708 TANNERY AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	1.4 CITY, ST, ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSICK, JOSEPHINE T.	2.2 NAME	
STREET ADDRESS	4708 TANNERY AVENUE	2.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 recorder 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: *Josephine T. Musick - Josephine T. Musick* **6/26/95** **813 874-8100**
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)