

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 15 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F34018** (4)
1. Corporation Name
AQUA SAFE FIRE PROTECTION COMPANY



Principal Place of Business
**5004 NORTH HUBERT AVENUE
PO BOX 15742
TAMPA FL 33614
US**

Mailing Address
**POST OFFICE BOX 15742
PO BOX 15742
TAMPA FL 33684-5742
US**

3. Date Incorporated or Qualified **05/19/1981** 3a. Date of Last Report **04/30/1996**

2. Principal Place of Business
21 **4610 N. Grady Ave**
Suite, Apt. #, etc.

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.

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

22 City & State
23 **TAMPA Florida**

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

24 **33614** 25 **Hsthsborersk** 29 Zip Country

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

9. Name and Address of Current Registered Agent
**MUSICK, JOSEPHINE T.
4706 TANNERY AVE.
TAMPA FL 33624**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 607.0507, Florida Statutes.

SIGNATURE *Josephine T. Musick* DATE **4-24-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MUSICK, DONALD A.	
STREET ADDRESS	4706 TANNERY AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MUSICK, JOSEPHINE T.	
STREET ADDRESS	4706 TANNERY AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400002243184--1
1.4 CITY-ST-ZIP	-07/21/97--01103--014
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	****165.00 ****165.00
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vice Pres,
3.3 STREET ADDRESS	CLINT J. MUSICK
3.4 CITY-ST-ZIP	6707 N. ORLEANS AVE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TAMPA, Florida 33604
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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. 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]* DATE: **4-24-97** R12 874-8100

CR2E034 (9/96)