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 JUN -8 AM 10:35

DOCUMENT # **F58836** (0)

1. Corporation Name
SUN BELT SPRINKLERS, INC.

Principal Place of Business	Mailing Address
% FRED B. GOMER & ASSOC 10025 SUNSET STRIP SUNRISE FL 33322	% FRED B. GOMER & ASSOC 10025 SUNSET STRIP SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1981
3a. Date of Last Report: 06/27/1994

2. Principal Place of Business (21):
2a. Mailing Address (26): 3301 NW 97th Terrace
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28): Sunrise, FL
Zip (24):
Country (25):
Zip (29): 33351
Country (30): Broward

4. FEI Number: 59-2166326 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLLOWAY, HOWARD R 2141 BUCK RIDGE TRAIL LOXAHATCHEE FL 33470	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 607.0302 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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	HOLLOWAY, HOWARD R.	12 NAME		
STREET ADDRESS	2141 BUCKRIDGE TRAIL	13 STREET ADDRESS		
CITY ST ZIP	LOXAHATCHEE FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	HOLLOWAY, AMY M.	22 NAME		
STREET ADDRESS	2141 BUCKRIDGE TRAIL	23 STREET ADDRESS		
CITY ST ZIP	LOXAHATCHEE FL	24 CITY ST ZIP		
TITLE	VP	31 TITLE	Remove	☑ Change ☐ Addition
NAME	DIXON, STEVEN	32 NAME		
STREET ADDRESS	6481 JOSEPH RD	33 STREET ADDRESS		
CITY ST ZIP	WELLINGTON FL	34 CITY ST ZIP		
TITLE	VP	41 TITLE	Remove	☑ Change ☐ Addition
NAME	HALLELAND, ROBERT	42 NAME		
STREET ADDRESS	300 SW 62ND AVE	43 STREET ADDRESS		
CITY ST ZIP	MARGATE FL	44 CITY ST ZIP		
TITLE	VP	51 TITLE	Remove	☑ Change ☐ Addition
NAME	WHITESHIELD, JARROD	52 NAME		
STREET ADDRESS	300 SW 62ND AVE	53 STREET ADDRESS		
CITY ST ZIP	MARGATE FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Amy M. Holloway Amy M. Holloway 6-1-95 407-7959234
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0230627 CP