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

APPROVED AND FILED

95 MAY -1 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DOCUMENT # **F78885** **(3)**

1. Corporation Name

ASTEC FIRE PROTECTION SYSTEMS, INC.

Principal Place of Business	Mailing Address
4612 NORTH LOIS AVENUE TAMPA FL 33614	4612 NORTH LOIS AVENUE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/28/1982**	3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-2189028**	☐ 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
7. This corporation has activity for purposes of Florida Statutes: ☐ Yes ☐ No	

21 Street Address
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

26 Street Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ULLOM, PAUL E ONE HARBOUR PLACE TAMPA FL 33601	81 Name: Tom Asbury 82 Street Address (P.O. Box Number is Not Acceptable): 4612 North Lois Ave 83 84 City: Tampa FL 85 Zip Code: 33614

11. Pursuant to the provisions of Section 607.1005 and 607.1509 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: Thomas N. Asbury 4-26-95
(Authorized Officer or Director) (Registered Agent - required if agent is changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
7 TITLE	P	7 TITLE	☐ Change ☐ Addition
8 NAME	ASBURY, THOMAS H.	8 NAME	
9 STREET ADDRESS	3310 LAWN AVENUE	9 STREET ADDRESS	
10 CITY ST ZIP	TAMPA FL	10 CITY ST ZIP	
11 TITLE	V	11 TITLE	☐ Change ☐ Addition
12 NAME	ASBURY, SANDRA L.	12 NAME	
13 STREET ADDRESS	3310 LAWN AVENUE	13 STREET ADDRESS	
14 CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
15 TITLE	T	15 TITLE	☐ Change ☐ Addition
16 NAME	ASBURY, THOMAS H.	16 NAME	
17 STREET ADDRESS	3310 LAWN AVENUE	17 STREET ADDRESS	
18 CITY ST ZIP	TAMPA FL	18 CITY ST ZIP	
19 TITLE	S	19 TITLE	☐ Change ☐ Addition
20 NAME	ASBURY, SANDRA L.	20 NAME	
21 STREET ADDRESS	3310 LAWN AVENUE	21 STREET ADDRESS	
22 CITY ST ZIP	TAMPA FL	22 CITY ST ZIP	
23 TITLE		23 TITLE	☐ Change ☐ Addition
24 NAME		24 NAME	
25 STREET ADDRESS		25 STREET ADDRESS	
26 CITY ST ZIP		26 CITY ST ZIP	
27 TITLE		27 TITLE	☐ Change ☐ Addition
28 NAME		28 NAME	
29 STREET ADDRESS		29 STREET ADDRESS	
30 CITY ST ZIP		30 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing 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 added on an attachment with an address.

SIGNATURE: Thomas N. Asbury 4-26-95 813-873-0632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0296670 CP

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AND
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95 ... 11:39

SEC. OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **F80420** **(5)**

1. Current Name:
JOMA, INC.

Principal Place of Business:
251 CRANDON BLVD
APT 420
KEY BISCAYNE FL 33131
US

Mailing Address:
% GEORGE VOLSKY, ESQ.
1101 BRICKELL AVE. #1400
MIAMI FL 33131

(D) NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/06/1982**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip
29
County
30

4. FEI Number: **65-0042822** ☐ 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. The corporation has elected to participate in the provisions of Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VOLSKY, GEORGE ESQ.
1101 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 Title	PT	01 Title	☐ Change ☐ Addition
02 Name	BOUSCAYROL, JORGE E.	02 Name	
03 Street Address	251 CRANDON BLVD. #420	03 Street Address	
04 City, St, Zip	KEY BISCAYNE FL	04 City, St, Zip	
05 Title	VS	05 Title	☐ Change ☐ Addition
06 Name	BOUSCAYROL, MARIA E.	06 Name	
07 Street Address	251 CRANDON BLVD. #420	07 Street Address	
08 City, St, Zip	KEY BISCAYNE FL	08 City, St, Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, St, Zip		12 City, St, Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 City, St, Zip	

14. I/We hereby certify that the information supplied with this report is complete and accurate 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 above, or on an attachment with an address.

SIGNATURE: *Jorge E. Bouscayrol* 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jorge E. Bouscayrol

0132520 CP