F78885

DEPARTMENT OF STATE FILING COVER SHEET

Date:	8/	241	01					D
Requestor Name:	Carlton Fields					SUFFI	2001 A	
Address:	Post Office Box 19 Tallahassee, Florid)2			ACKNOW!	AUG 24	
Telephone:	(850) 224-1585			-		FERE	*	ORA)
Contact Name:	Kim Pullen (261)					S	.	TOES TOES
Corporation Name:	Astec	c Fin	e Prote	ction	Sys	ten	15,	Dic
Entity Number (if applic	cable):	F7	8885				· ·	
Authorization:	Ken	ni	Pul	len				· · · · · · · · · · · · · · · · · · ·
				200	LUUA			
_ Certified Copy (1-9)) Call When Ready	∕Plain Copy (✓)Cali	 I if Proble	ÚCC'S		·- · -			+c0; ****87 Status
) Call When Ready	(✓)Call	I if Proble	em	DMENTS	_ Cer) Wa /REGI	tificate lk ln STRA	e of S	
•	(✓)Call	·	em	DMENTS/ QUALIF	_ Cer) Wa /REGI	tificate lk ln STRA	e of S	**************************************
) Call When Ready NEW FILINGS/01	(✓)Call		AMEN AMENDME RESIGNAT	DMENTS/ QUALIF	Cer) Wa /REGI: ICATI	tificate lk ln STRA	e of S	
) Call When Ready NEW FILINGS/01 PROFIT	(✓)Call		AMENDME RESIGNAT	DMENTS/ QUALIF	Cer) Wa /REGI	tificate lk In STRA ON	e of S	
NEW FILINGS/01 PROFIT NONPROFIT	(✓)Call		AMENDME RESIGNAT	DMENTS/ QUALIF	Cer) Wa /REGI	tificate lk In STRA ON	e of S	
NEW FILINGS/OT PROFIT NONPROFIT LIMITED LIABILITY DOMESTICATION OTHER	(✓)Call		AMENDME RESIGNAT OFFICER/I CHANGE C DISSOLUT	DMENTS/ QUALIF NT TON OF F DIRECTO OF REGIS	Cer) Wa /REGI ICATI R.A., R TERE	tificate	TION	
NEW FILINGS/01 PROFIT NONPROFIT LIMITED LIABILITY DOMESTICATION	(✓)Call		AMENDME RESIGNAT OFFICER/I CHANGE C DISSOLUT	DMENTS/ QUALIF NT TON OF F DIRECTO OF REGIS	Cer) Wa /REGI ICATI R.A., R TERE	tificate	TION 2001 AUG	W/
NEW FILINGS/OT PROFIT NONPROFIT LIMITED LIABILITY DOMESTICATION OTHER ANNUAL REPORT FICTITIOUS NAME	(✓)Cali 		AMENDME RESIGNAT	DMENTS/ QUALIFENT ION OF FOIRECTOI OF REGIS ION/WITH	Cer) Wa /REGI: ICATI R.A., R TERE	tificate Ik In STRA ON D AGI	TION AUG 24	1 /
NEW FILINGS/01 PROFIT NONPROFIT LIMITED LIABILITY DOMESTICATION OTHER ANNUAL REPORT	(✓)Cali 		AMEN AMENDME RESIGNAT OFFICER/E CHANGE C DISSOLUT MERGER FOREIGN (DMENTS/ QUALIFENT TON OF FORECTOR OF REGIS TON/WITH	Cer) Wa /REGI: ICATI R.A., R TERE IDRAV ATION	tificate Ik In STRA ON D AGI	TION 200 AUG 24 PM	W/
NEW FILINGS/OT PROFIT NONPROFIT LIMITED LIABILITY DOMESTICATION OTHER ANNUAL REPORT FICTITIOUS NAME NAME RESERVATION	(✓)Cali 	2001	AMEN AMENDME RESIGNAT OFFICER/E CHANGE C DISSOLUT MERGER FOREIGN C	DMENTS/ QUALIFENT TON OF FORECTOR OF REGIS TON/WITH CORPORA ARTNERS EMENT	Cer) Wa /REGI: ICATI R.A., R TERE IDRAV ATION	tificate Ik In STRA ON D AGI	TION 2001 AUG 21 P	

RESIGNATION OF REGISTERED AGENT



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, PAUL J. ULLOM

(Name of registered agent)

hereby resigns as Registered Agent for ASTEC FIRE PROTECTION SYSTEMS, INC.

(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2EO46(9/98)