

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90006 014 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003699

1. Corporation Name

SONITROL SOUTHEAST, INC.

Principal Place of Business

**520 HOWARD CT.
CLEARWATER FL 33756**

Mailing Address

**520 HOWARD CT.
CLEARWATER FL 33756**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1994

4. FEI Number

59-3249778

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 owes the current year

Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

FL

30

33486

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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

P. Gray Finney

(NOTE: Registered Agent signature required when reinstating)

9/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE
NAME **FUQUA, GARY S**
STREET ADDRESS **639 LOYOLA AVE.**
CITY-STATE-ZIP **NEW ORLEANS LA**

TITLE **VP** ☒ DELETE
NAME **REFSELL, STEPHEN T**
STREET ADDRESS **900 S SHACKLEFORD RD., SUITE 210**
CITY-STATE-ZIP **LITTLE ROCK AR**

TITLE **VT** ☒ DELETE
NAME **MCNEAL, STEVEN C**
STREET ADDRESS **693 LOYOLA AVE.**
CITY-STATE-ZIP **NEW ORLEANS LA**

TITLE **DCEO** ☒ DELETE
NAME **CARTER, DAVID W**
STREET ADDRESS **333 SIX FORKS RD.**
CITY-STATE-ZIP **RALEIGH NC**

TITLE **P** ☒ DELETE
NAME **CARTER, DAVID W**
STREET ADDRESS **333 SIX FORKS RD.**
CITY-STATE-ZIP **RALEIGH NC**

TITLE **VS** ☒ DELETE
NAME **TIERNEY, JOHN E**
STREET ADDRESS **333 SIX FORKS RD.**
CITY-STATE-ZIP **RALEIGH NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **Michael Snyder**
1.3 STREET ADDRESS **One Town Center Road**
1.4 CITY-STATE-ZIP **Boca Raton, FL 33486**

2.1 TITLE **TREASURER** ☐ Change ☒ Addition
2.2 NAME **Michael A. Robinson**
2.3 STREET ADDRESS **One Town Center Road**
2.4 CITY-STATE-ZIP **Boca Raton, FL 33486**

3.1 TITLE **Director IVP** ☐ Change ☒ Addition
3.2 NAME **J. Brad McGee**
3.3 STREET ADDRESS **One Tyco PARK**
3.4 CITY-STATE-ZIP **Exeter, NH 03833**

4.1 TITLE **Secretary** ☐ Change ☒ Addition
4.2 NAME **P. Gray Finney**
4.3 STREET ADDRESS **One Town Center Road**
4.4 CITY-STATE-ZIP **Boca Raton, FL 33486**

5.1 TITLE **Assistant Treasurer** ☐ Change ☒ Addition
5.2 NAME **Scott Stevenson**
5.3 STREET ADDRESS **One Town Center Road**
5.4 CITY-STATE-ZIP **Boca Raton, FL 33486**

6.1 TITLE **Vice President** ☐ Change ☒ Addition
6.2 NAME **Irving Gutin**
6.3 STREET ADDRESS **One Tyco PARK**
6.4 CITY-STATE-ZIP **Exeter, NH 03833**

14. I 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; 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:

P. Gray Finney

9/13/99

DATE

561-988-7200

DAYTIME PHONE #

CR2E034 (5/99)

0091809