

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SEP 27 1995

DOCUMENT # **F94000005578 (9)**

1. Corporation Name

**JONES AUTOMATIC SPRINKLER, INC.**

Principal Place of Business

P.O. BOX 588  
AMERICUS GA 31709

Mailing Address

P.O. BOX 588  
AMERICUS GA 31709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

4. FEI Number

58-2018818

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

2. Principal Place of Business

21 P.O. Box 558

2a. Mailing Address

26 Same

Suite, Apt. #, etc

22 Southern Field Road

Suite, Apt. #, etc

27 Same

City & State

23 AMERICUS, GEORGIA

City & State

28

Zip

24 31709

Country

25 Sumter

Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Signature, Title or Direct Name of Registered Agent and their address

(NOTE: Registered Agent's office required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEDBETTER, ROBERT K
STREET ADDRESS	LAKE SHORE DR.
CITY - ST - ZIP	AMERICUS GA 31709
TITLE	VD
NAME	LEDBETTER, STEVEN R
STREET ADDRESS	175 SOUTHER FIELD RD.
CITY - ST - ZIP	AMERICUS GA 31709
TITLE	V
NAME	BEARDEN, RICKY L
STREET ADDRESS	175 SOUTHER FIELD RD.
CITY - ST - ZIP	AMERICUS GA 31709
TITLE	V
NAME	BRACKETT, ROBERT L
STREET ADDRESS	175 SOUTHER FIELD RD.
CITY - ST - ZIP	AMERICUS GA 31709
TITLE	STD
NAME	LEDBETTER, ROBERT J
STREET ADDRESS	SOUTH LEE STREET ROAD
CITY - ST - ZIP	AMERICUS GA 31709
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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:

*R. K. Ledbetter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-95  
DATE

912528-0111  
IDENTIFICATION NUMBER