

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005578 (9)**

1. Corporation Name

JONES AUTOMATIC SPRINKLER, INC.



Principal Place of Business

Mailing Address

P O BOX 558
SOUTHER FIEL RD
AMERICUS GA 31709
US

P.O. BOX 588
AMERICUS GA 31709

3. Date Incorporated or Qualified
10/27/1994

3a. Date of Last Report
06/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **175 Souther Field Rd**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEDBETTER, ROBERT K	
STREET ADDRESS	LAKESHORE DR.	
CITY-ST-ZIP	AMERICUS GA 31709	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEDBETTER, STEVEN R	
STREET ADDRESS	175 SOUTHER FIELD RD.	
CITY-ST-ZIP	AMERICUS GA 31709	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEARDEN, RICKY L	
STREET ADDRESS	175 SOUTHER FIELD RD.	
CITY-ST-ZIP	AMERICUS GA 31709	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRACKETT, ROBERT L	
STREET ADDRESS	175 SOUTHER FIELD RD.	
CITY-ST-ZIP	AMERICUS GA 31709	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEDBETTER, ROBERT J	
STREET ADDRESS	SOUTH LEE STREET ROAD	
CITY-ST-ZIP	AMERICUS GA 31709	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 119.07(3)(k), 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:

Robert J Ledbetter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96
Date

912/928-0111
Daytime Phone #

CR2E034 (12/95)