


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000005578 (9)**
1. Corporation Name
JONES AUTOMATIC SPRINKLER, INC.



Principal Place of Business 175 SOUTHERN FIELD ROAD SOUTHER FIEL RD AMERICUS GA 31709 US	Mailing Address P.O. BOX 588 AMERICUS GA 31709
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 426 Souther Field Road		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/27/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 58-2018818	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
23		28		30	
22		27		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LEDBETTER, ROBERT K	1.2 NAME	
STREET ADDRESS	LAKESHORE DR.	1.3 STREET ADDRESS	426 Souther Field Road
CITY-ST-ZIP	AMERICUS GA 31709	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD LEDBETTER, STEVEN R	2.2 NAME	
STREET ADDRESS	175 SOUTHER FIELD RD.	2.3 STREET ADDRESS	426 Souther Field Road
CITY-ST-ZIP	AMERICUS GA 31709	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BEARDEN, RICKY L	3.2 NAME	
STREET ADDRESS	175 SOUTHER FIELD RD.	3.3 STREET ADDRESS	426 Souther Field Road
CITY-ST-ZIP	AMERICUS GA 31709	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BRACKETT, ROBERT L	4.2 NAME	
STREET ADDRESS	175 SOUTHER FIELD RD.	4.3 STREET ADDRESS	426 Souther Field Road
CITY-ST-ZIP	AMERICUS GA 31709	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD LEDBETTER, ROBERT J	5.2 NAME	
STREET ADDRESS	SOUTH LEE STREET ROAD	5.3 STREET ADDRESS	426 Souther Field Road
CITY-ST-ZIP	AMERICUS GA 31709	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 A. Ledbetter* 2-5-98 912-928-0111

CR2E034 (10/97)