

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000003443 (7)

1. Corporation Name

CONSOLIDATED FIREPROTECTION, INC.

Principal Place of Business

Mailing Address

5674 EL CAMINO REAL  
SUITE L  
CARLSBAD CA 92008

5674 EL CAMINO REAL  
SUITE L  
CARLSBAD CA 92008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1995

3a. Date of Last Report

03/21/1996

4. FEI Number

33-0507469

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, PAT  
4854 JEFFERSON RD.  
DEL RAY BEACH FL 33445

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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME CAPUTO, ROBERT G  
STREET ADDRESS 5674 EL CAMINO REAL, STE. K  
CITY-ST-ZIP CARLSBAD CA 92008 ☐ DELETE

1.1 TITLE V  
1.2 NAME Bellamy, Tracey  
1.3 STREET ADDRESS 5674 El Camino Real, Suite L  
1.4 CITY-ST-ZIP Carlsbad, CA 92008 ☐ Change ☒ Addition

TITLE ST  
NAME CAPUTO, JANET E  
STREET ADDRESS 5674 EL CAMINO REAL, STE. K  
CITY-ST-ZIP CARLSBAD CA 92008 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME LEAVITT, RUSSELL B  
STREET ADDRESS 5674 EL CAMINO REAL, SUITE L  
CITY-ST-ZIP CARLSBAD CA 92008 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME DEAL, SCOTT  
STREET ADDRESS 5674 EL CAMINO REAL, SUITE L  
CITY-ST-ZIP CARLSBAD CA 92008 ☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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:

SIGNATURE REQUIRED

8/18/97

(760) 431-9901

CR2E034 (4/97)