

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

5674 EL CAMINO REAL
SUITE L
CARLSBAD CA 92008

Mailing Address

5674 EL CAMINO REAL
SUITE L
CARLSBAD CA 92008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1995

4. FEI Number

33-0507469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 6108 Avenida Encinas

Suite, Apt. #, etc.

22 Suite A

City & State

23 Carlsbad, CA

Zip

24 92009

Country

25 San Diego

2a. Mailing Address

26 6108 Avenida Encinas

Suite, Apt. #, etc.

27 Suite A

City & State

28 Carlsbad, CA

Zip

29 92009

Country

30 San Diego

9. Name and Address of Current Registered Agent

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

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 N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE ST ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE V ☐ DELETE

NAME BELLAMY, TRACEY
STREET ADDRESS 5674 EL CAMINO REAL STE L
CITY-ST-ZIP CARLSBAD CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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

Robert G. Caputo

4/23/98 (760) 431-9901

CR2E034 (10/97)