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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # G77962 (0)

1. Corporation Name

DELRAY FIRE EXTINGUISHER SERVICE, INC.

Principal Place of Business	Mailing Address
% JOE D. DANCE 330 OLD COUNTRY RD. WEST PALM BEACH FL 33414	% JOE D. DANCE 330 OLD COUNTRY RD. WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified: 01/09/1984
3a. Date of Last Report: 08/25/1995

2. Principal Place of Business
21 350-107 Business Parkway
Suite, Apt. #, etc.
22 Royal Palm Beach, Florida
City & State
23 33411
Zip
24
Country
25 U.S.A.

2a. Mailing Address
26 350-107 Business Parkway
Suite, Apt. #, etc.
27
City & State
28 Royal Palm Beach, Florida
Zip
29 33411
Country
30 U.S.A.

4. FEI Number: 59-2371165 ☐ 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

DANCE, JOE D.
330 OLD COUNTRY RD.
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name: Connie Hoefs
82 Street Address (P.O. Box Number is Not Acceptable): 350-107 Business Parkway
83
84 City: Royal Palm Beach, FL 85 Zip Code: 33411

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: Connie Hoefs — Connie Hoefs — DATE: 5/20/96
(Signature, typed or printed name of person signing. Title, if applicable. (NOTE: Registered Agent signature required when not shown above.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DANCE, JOE D. 330 OLD COUNTRY RD. W. PALM BEACH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Connie Hoefs 350-107 Business Parkway Royal Palm Beach, FL. 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOEFS, CHARLES B. 330 OLD COUNTRY RD. W. PALM BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D CHARLES Hoefs 350-107 Business Parkway Royal Palm Beach, FL 33411	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 is voluntarily furnished and 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: Connie Hoefs — Connie Hoefs — 5/20/96 — 407-791-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles B Hoefs

CR2E034 (12/95)