FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H35785 (5)

1. Corporation Name
SPRINKLER MAN, INC.

Principal Place of Business	Mailing Address
% JOE WYMAN 14313 EVELYN DRIVE LAKE PARK FL 33410	% JOE WYMAN 14313 EVELYN DRIVE LAKE PARK FL 33410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1984
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State
Zip 24 / Country 25	Country

4. FEI Number: 59-2470192 ☐ 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

WYMAN, JOE
14313 EVELYN DRIVE
LAKE PARK FL 33410

PALM BEACH GARDENS is our new Post Office now. (NOT Lake Park)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	WYMAN, JOE	1.2 NAME	WYMAN, JOE	
STREET ADDRESS	14313 EVELYN DRIVE	1.3 STREET ADDRESS	14313 EVELYN DRIVE	
CITY-ST-ZIP	LAKE PARK FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-1101	
TITLE	D	2.1 TITLE	DVP	☒ Change ☒ Addition
NAME	WYMAN, SUE	2.2 NAME	WYMAN, SUZANNE MARIE	
STREET ADDRESS	14313 EVELYN DRI	2.3 STREET ADDRESS	14313 EVELYN DRIVE	
CITY-ST-ZIP	LAKE PARK FL	2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-1101	
TITLE		3.1 TITLE	DS	☐ Change ☒ Addition
NAME		3.2 NAME	WYMAN, APRIL H.	
STREET ADDRESS		3.3 STREET ADDRESS	14313 EVELYN DRIVE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-1101	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

I prefer to use my legal name for the business; SUZANNE MARIE WYMAN (NOT Sue)

I am adding VP (Vice-President) to my official status.

**WE ARE ADDING ON OUR 21 year old DAUGHTER AS A DIRECTOR/SECRETAR (DS) STATUS.

THANK-YOU!!

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: Joe Wyman 4-17-95 (407) 626-9784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Suzanne M. Wyman 4/28/95

0250637 CP