

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H35785 (5)

1. Corporation Name

SPRINKLER MAN, INC.

Principal Place of Business

% JOE WYMAN
14313 EVELYN DRIVE
PALM BEACH GARDENS FL 33410
US

Mailing Address

% JOE WYMAN
14313 EVELYN DRIVE
PALM BEACH GARDENS FL 33410
US



2. Principal Place of Business

2a. Mailing Address

21 C/O JOE WYMAN

26 C/O JOE WYMAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 32213

27 P.O. Box 32213

City & State

City & State

23 PALM BCH. GDNS. FL.

28 PALM BCH. GDNS. FL.

Zip

Country

Zip

Country

24 33420

25 PALM BCH.

29 33420

30 PALM BCH.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/27/1984

3a. Date of Last Report

05/01/1995

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

WYMAN, JOE
14313 EVELYN DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

WYMAN, JOE

82 Street Address (P.O. Box Number is Not Acceptable)

1331 S.E. NAVAJO LANE

83

84 City

PORT ST. LUCIE

FL

85 Zip Code

34983

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP
WYMAN, JOE
14313 EVELYN DRIVE
PALM BEACH GARDENS FL

☐ DELETE

DVP
WYMAN, SUZANNE MARIE
14313 EVELYN DRIVE
LAKE PARK FL

☒ DELETE

DS
WYMAN, APRIL H.
14313 EVELYN DR
PALM BEACH GARDENS FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TS
MADALYN STEPHENS
4011 S.W. 6TH AVE.
OCALA, FL. 34474

☐ Change ☒ Addition

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

DP
WYMAN, JOE
1331 S.E. NAVAJO LANE
PORT ST. LUCIE, FL. 34983

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96 (407) 626-9784

Date

Daytime Phone #

CR2E034 (12/95)