1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H45557** 1. Corporation Name

SUMMERS FIRE SPRINKLERS, INC.

FILED Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90021 032 ***150.00



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Principal Place	e of Business	Mailing Address					I diali a nsi bigas astat dilah	.		STATE SIRIT IRBI	
1534 NW 1ST AVENUE BOCA RATON FL 33432		1534 NW 1ST AVENUE BOCA RATON FL 33432				DO NOT WE	RITE IN TH	IS SPACE			
						3. Date Inc	corporated or Qualife			-].
						03/05	/1985				
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Nur		·	Α	pplied For	3	
21		26			59-25	19939	<u> </u>		ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifca	te of Status Desired			Additional equired		
City & State		City & State				6. Election	Campaign Financing	<u> </u>	\$5.00	May Be	
23		28			Trust Fu	and Contribution	LJ	Added	to Fees	1	
Zip Country		— · · · · ·	Zip Country			I	rporation owes the cu	rrent year l	ntangible ☑Yes	□No	
24	25		30				al Property Tax. and Address of New	Degistere		- UNU	1
	9. Name and Address of Currer	it Registered Agent		81 1	Name	IU. Name a	and Address of New	registere	o rigorit		
SUM	IMERS, DAVID W.					(D.O. D	N N	4-51-1			1
	NW 35 STREET			82 5	Street Addres	ess (P.O. Box	Number is Not Accep	itable)			
BOC	A RATON FL 33431			83						建筑	
				84 (City	***		2 14 C (2 2 2 2)	85 Zip	Code	1
,	to the provisions of Sections 607.050				<u> </u>		41: -4-44 6 41-	<u> </u>	L	- registered	
	to the provincions of Continue 607 DEC	17 and 607 1508. Florida Statute	s the a					e burbose i	or changing it	s registered	1
office or re	enistered agent or both in the State	of Florida. Such change was au	ithorized	by the	e corporation	n's board of di	irectors. I hereby acc	ept the app	ointment as r	egistered	
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-393-67/8