	E NOW: FILING	FEE AFTER	MAY 1ST IS	S_\$5	50.00	F	ILED		
COF	PROFIT RPORATION		FLORIDA DEPAR Sandra B.	-		Jan 20 1	998-8	:00	am
	UAL REPORT		Secretary DIVISION OF C		-	Secreta	ary of	Sta	ate
DOCU	MENT # H5	4540	(0)						
TRI-CO	unty sprinkler s	SYSTEMS, INC.							
				· #	<u>.                                    </u>				
Principal Plac % ROBERT C	e of Business		ng Address OBERT C. ADAMSKI	•					
4418 S.E. 12T CAPE CORAL	TH PL	4418	E CORAL FL 33904	-		DO NOT W 3. Date Incorporated or Qualif	Applied For 9-2530378 tifficate of Status Desired		
- Drashal P	lace of Business		telling Address	<u>.</u>		04/30/1985			
21	···	26	alling Address			<u>59-2530378</u>		No	t Applicable
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.	-		5. Certificate of Status Desired			
City & Stati	e	28	lity & State	:		6. Election Campaign Financir	g []		
Zip 4	Country 25	Z 29		_Cou	ntry	<ol> <li>This corporation owes or ha Personal Property Tax due</li> </ol>	lune 30. 🗌 🗎	t year Int/ res	angible
ΔΠ.	9. Name and Address AMSKI, ROBERT C.	of Current Register	ed Agent		81 Name	10. Name and Address of Nev	Registered Age	ent	
272	24 DEL PRADO BLVD SC	כ			82 Street Add	dress (P.O. Box Number is Not Acce	ptable)		
	ite 201 Pe coral FL 33990				83		· · <u>· · _</u> _		<u> </u>
				1	. L				· · · ·
				, [	84 City		FL	35 Zip C	Code
	to the provisions of Section egistered agent, or both, in m familiar with, and accept	s 607.0502 and 607 the State of Florida. the obligations of, S	1508, Florida Statutes Such change was au ection 607,0505, Flor	s, the at thorized da State		rporation submits this statement for t ation's board of directors. I hereby a	FL {		
SIGNATURE	Signature, typed or printed name of re	egistered agent and tille if a	pplicable. (NOTE,	li Registered	bove-named col by the corpora utes.	uired when reinstating)	he purpose of ch ccept the appoint	anging its	s registered registered
	Signature, typed or printed name of re		pplicable. (NOTE,	11	ove-named col by the corpora utes. Agent signature requ		FL he purpose of ch ccept the appoint DATE FFICERS AND DI	anging its	s registered registered
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SIGNATURE 12. TITLE VAME STREET ADDRESS CITY-ST-2IP	Signature, typed or printed name of r OFFI MAHER, W. JOSEPH 4418 S.E. 12TH PL CAPE CORAL FL	egistered agent and tille if a	DPICABLE. (NOTE. DRS DELETE	H Registered 13. 1.1 TJT 1.2 NA 1.3 STI 1.4 CIT	Agent signature requires.	uired when reinstating)	FL ( he purpose of ch common the appoint Date FFICERS AND DI	anging its ment as n RECTOR: Change	s registered registered S IN 12
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