

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90021 042 ***550.00

DOCUMENT # **J17624**

1. Corporation Name

WILLIAMS SPRINKLER COMPANY, INC.



Principal Place of Business
**14836 OAK VINE DR
LUTZ FL 33549
US**

Mailing Address
**14836 OAK VINE DR
LUTZ FL 33549
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1580312	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STEVE WILLIAMS 14836 OAK VINE RD LUTZ FL 33549				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

I, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. LE ME REET ADDRESS Y-ST-ZIP	DP WILLIAMS, STEVE 3313 W GRANADA ST TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. LE ME REET ADDRESS Y-ST-ZIP		1.2 NAME	
3. LE ME REET ADDRESS Y-ST-ZIP		1.3 STREET ADDRESS	
4. LE ME REET ADDRESS Y-ST-ZIP		1.4 CITY-ST-ZIP	
5. LE ME REET ADDRESS Y-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. LE ME REET ADDRESS Y-ST-ZIP		2.2 NAME	
7. LE ME REET ADDRESS Y-ST-ZIP		2.3 STREET ADDRESS	
8. LE ME REET ADDRESS Y-ST-ZIP		2.4 CITY-ST-ZIP	
9. LE ME REET ADDRESS Y-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. LE ME REET ADDRESS Y-ST-ZIP		3.2 NAME	
11. LE ME REET ADDRESS Y-ST-ZIP		3.3 STREET ADDRESS	
12. LE ME REET ADDRESS Y-ST-ZIP		3.4 CITY-ST-ZIP	
13. LE ME REET ADDRESS Y-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. LE ME REET ADDRESS Y-ST-ZIP		4.2 NAME	
15. LE ME REET ADDRESS Y-ST-ZIP		4.3 STREET ADDRESS	
16. LE ME REET ADDRESS Y-ST-ZIP		4.4 CITY-ST-ZIP	
17. LE ME REET ADDRESS Y-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. LE ME REET ADDRESS Y-ST-ZIP		5.2 NAME	
19. LE ME REET ADDRESS Y-ST-ZIP		5.3 STREET ADDRESS	
20. LE ME REET ADDRESS Y-ST-ZIP		5.4 CITY-ST-ZIP	
21. LE ME REET ADDRESS Y-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. LE ME REET ADDRESS Y-ST-ZIP		6.2 NAME	
23. LE ME REET ADDRESS Y-ST-ZIP		6.3 STREET ADDRESS	
24. LE ME REET ADDRESS Y-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Steve Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-30-99

727-526-8597

CR2E034 (5/99)

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