## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **APPROVED** AND **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 MAY -1 PX 12: 52 DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE J29908 DOCUMENT # TALLAHASSEE, FLORIDA Corporation Name PIPER FIRE PROTECTION, INC. Mailing Address Principal Place of Business 956 SOUSA DRIVE 956 SOUSA DRIVE LARGO FL 34641 **LARGO FL 34641** 3a. Date of Last Report 3. Date Incorporated or Qualified 08/22/1986 02/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2780461 Not Applicable 26 21 \$8.75 Additional Suite, Apt #. etc Suite Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5,00 May Be City & State 6. Flection Campaian Emancing City & State Trast Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s. 199.032. Zın Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) OHNSON, TERRENCE R. **.56 SOUSA DRIVE** 83 LARGO FL 34641 85 Zip Code City named corporation submits this statement for the purpose of changing its registered office .1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statute. The principlion's board of directors. Thereby accept the appointment as registered agent. Lam or registered agent, or both, in the State of Floridal Such change was authorized by familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE ADD HONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELF 16 TITLE JOHNSON, TERRENCE R. NAME 956 SOUSA DRIVE ET ADDRESS STREET ADDRESS LARGO FL \$1.70 CITY-ST-ZP Add-tion Change DELETE. VSD TITLE JOHNSON, SHARON A. NAME 956 SOUSA DRIVE EL ADDRESS STREET ADDRESS LARGO FL CITY - ST - ZIP Addit-on Change DELETE T!TLE NAME 33 FLADORESS STREET ADDRESS -05/14/96--04003<sup>18</sup>--060<sup>dd tion</sup> ST 7P CITY - ST-ZIP DELETE 4 TITLE \*\*\*\*280.88 \*\*\*\*280.08 NAME EL ADORESS STREET ADDRESS \$1 - 21F CITY-ST ZIP ☐ Change ☐ Addition DELETE 5.11 TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS 54 CITY ST ZIF CITY-S1-ZIP Change DELETE 6.13000 TITLE 62 NAME NAME 6.3 STREET ADDRESS 14. If 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 true 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 STREET ADDRESS

SIGNATURE:

Oliver SIGNATURE AND TYPED OR PRINTED NAME OF NING OFFICER OR DIRECTOR

CR2E034 (12/95)