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

APPROVED AND FILED

95 MAY -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M77432** **(6)**

1. Corporation Name
KNEELAND'S SPRINKLER SYSTEMS, INC.

Principal Place of Business	Mailing Address
% JOHN KNEELAND ~~1412 CAPE LANE~~ NICEVILLE FL 32578	% JOHN KNEELAND ~~1412 CAPE LANE~~ NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/21/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 110-1A Wise Avenue
22 Suite, Apt. #, etc:
23 City & State: Niceville, FL
24 Zip: 32578 25 County: Okaloosa

2a. Mailing Address
26: 110-1A Wise Avenue
27 Suite, Apt. #, etc:
28 City & State: Niceville, FL
29 Zip: 32578 30 County: Okaloosa

4. FEI Number: **59-2872119** ☐ 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 [illegible] for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KNEELAND, JOHN
~~1412 CAPE LANE~~ 303 Riley Rd.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	KING, KENNITH EDWIN	12 NAME	
STREET ADDRESS	703 FAIRVIEW DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	KNEELAND, JOHN	22 NAME	
STREET ADDRESS	~~1412 CAPE LANE~~ 303 Riley Rd.	23 STREET ADDRESS	303 Riley Rd.
CITY-ST-ZIP	NICEVILLE FL	24 CITY-ST-ZIP	
TITLE	TS	31 TITLE	☒ Change ☐ Addition
NAME	KNEELAND, JAYNEE	32 NAME	
STREET ADDRESS	~~1412 CAPE LANE~~ 303 Riley Rd.	33 STREET ADDRESS	303 Riley Rd.
CITY-ST-ZIP	NICEVILLE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Jaynee Kneeland - Jaynee Kneeland 4-26-95 904-678-6114
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0471180 FP