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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J99585

1. Corporation Name

BRUCE FIRE AND SAFETY EQUIPMENT COMPANY, INCORPO

RATEU										
Principal Place	e of Business	Ma	iling Address				100111			
P.O. BOX 3362			P.O. BOX 3362							
TALLAHASSEE FL 32315		_	TALLAHASSEE FL 32315				DO NOT WRITE IN THIS SPACE			
US			US				3. Date Incorporated or Qualifed			
							10/30/1987			
2. Principal Pl	lace of Business	2a.	Mailing Address	_		_	4. FEI Number	Apı	plied For	
21		26	Ū				59-2853412	No	t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		
22		27	27				5. Certificate of Status Desired	Fee Re	quired	
City & State	e		Gity & State			<u> </u>	6. Election Campaign Financing	\$5:00	-	-
23		28					Trust Fund Contribution	Added to	o Fees	
Zip	Country		Zip	_	untry		8. This corporation owes the current year	Intangible ☐ Yes	□No	
24	25	29		30	_		Personal Property Tax. 10. Name and Address of New Register			
	9. Name and Address of Curren	nt Regist	ered Agent		81	Name	10. Name and Address of New Register	eu Agent		
BDI II	CE, LARRY				1"	Name				
	S WOODLANE CIRCLE				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	LAHASSEE FL 32303				83					
175	ENINOCE IE GEGGG				63					
					84	City		■ 85 Zip C	Code	
<u> </u>		22 60	7 1500 Florido Statut	tos the	hovo	named corr	poration submits this statement for the nurnose	of changing its	reaistered	
i ii. Pursuani	to the provisions of Sections our .000								nictored	
office or re agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	Of FIORIG	a. Such change was a	ilitnonze	o ov i	the corborau	ion's board of directors. I hereby accept the ap	pointment as req	gistered	
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida ations of,	a. Such change was a Section 607.0505, Flo	iutnorize irida Sta	tutes.	tne corporati	ion's board of directors. Thereby accept the ap	pominion as re		
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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 amattachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS