FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K19738** **(9)**

1. Corporation Name

WORTHINGTON SPRINKLERS, INC.

Principal Place of Business	Mailing Address
% WILLIAM E. LIEDTKE 201 ARTHUR AVE LEHIGH ACRES FL 33936 US	% WILLIAM E. LIEDTKE P O BOX 1145 LEHIGH ACRES FL 33970-8145

3. Date Incorporated or Qualified: 03/28/1988
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. BOX 1330
City & State 23	City & State 28 LEHIGH ACRES, FL
Zip 24 / Country 25	Zip 29 33970-1330 / Country 30 US

4. FEI Number: 65-0035665 ☐ 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 liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIEDTKE, WILLIAM E. 201 ARTHUR AVENUE LEHIGH ACRES FL 33936	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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: William E. Liedtke — 11/23/96
Signature of new registered agent, if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

WILLIAM E. LIEDTKE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WORTHINGTON, PAUL I.		1.2 NAME		
STREET ADDRESS	1113 NAVAJO AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIEDTKE, WILLIAM E.		2.2 NAME		
STREET ADDRESS	201 ARTHUR AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIEDTKE, GLADYS J.		3.2 NAME		
STREET ADDRESS	201 ARTHUR AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 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: William E. Liedtke — 11/23/96 — 941-369-7046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM E. LIEDTKE