

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 13 AM 9:07

DOCUMENT # K31354 (9)
1. Corporation Name
ALL COUNTIES FIRE EXTINGUISHER COMPANY, INC.

Principal Place of Business Mailing Address
3460 N.E. JACKSONVILLE ROAD **3460 N.E. JACKSONVILLE ROAD**
OCALA FL 34479 **OCALA FL 34479**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/18/1988** 3a. Date of Last Report **05/26/1994**
4. FEI Number **59-2909946** 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. 197.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **3460 NE Jacksonville** 26 **3460 NE Jacksonville Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Ocala Florida** 28 **Ocala Florida**
24 **34479** 25 **Marion** 29 **34479** 30 **Marion**

9. Name and Address of Current Registered Agent

**MEYER JR., WILLIAM JOSEPH
1419 NE 24TH PLACE
OCALA FL 32670**

10. Name and Address of New Registered Agent

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

(Signature) (Print or printed name of registered agent and title of signature)

(NOTE: Registered Agent signature required upon registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, LINDA A.	1.2 NAME	
STREET ADDRESS	1427 N.E. 24TH PL.	1.3 STREET ADDRESS	
CITY ST ZIP	OCALA FL	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(b), 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: *Linda A Meyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/95 (904) 732-5073
Date Signature (Phone #)