## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998



K63015

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

## DOCUMENT # SOUTHLAND FIRE SPRINKLER COMPANY

Principal Place of Business

Mailing Address

## **FILED** May 07 1998 8:00am Secretary of State



1753 SPRING CREEK DR 1753 SPRING CREEK SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/01/1989 FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For 21 26 65-0172944 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARSON, JEFFREY R. 1753 SPRING CREEK DR 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 83 84 City 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 re agent. I ar	agistered agent, or both, in the State of Florida. Such chang in familiar with, and accept the obligations of, Section 607.0	je was authorized by the co i505, Florida Statutes.	proration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or presied name of registered agent and jrig if applicable	OIOTE Providend Aprel 1	ure (equired when (elivatating) DATE		
12.	OFFICERS AND DIRECTORS	13.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS CARSON, KARL F. 520 MAC ARTHUR SARASOTA FL		JEFFREY R CARSON Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP	DEL	ETE 2.1 YITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change  Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ DEC		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEL	ETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ DEL		☐ Change ☐ Addition		
TITLE NAME STREET ADORESS CITY-ST-7IP	□ DEL	ETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CUTY-ST-7IP	Change Addition		

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 of 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 of 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 an attachment with an address.

SIGNATURE:

JEFFREY R. CARSON