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SECRETARY OF STATE

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2 Principal Pla	ace of Business	3. Mailing Address	<u> Anglija na kalaban na ka</u>				
2. Principal Fit	-	ing Creek	Di	2002	HDD		
Suite, Apt. #		Suite, Apt. #, etc.	7		002-2003°	ACUBR	
City & State		City & State	/	4. F	El Number	Applied For	
SARA		SAKASOTA,	F/ ·		65-0172944	Not Applicable	
Zip 342_	39 Country	^{Zip} 3423g	Country US/	7 -	Certificate of Status Desired LI Fe	8.75 Additional see Required	
				7. Name and Address of Current Registered Agent			
Name TEFFREY R. CARSON							
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)							
IN THIS SPACE					3 Spring Creek . PASOTA, FL	DR	
			City			Zip Code 3423G	
				SAK	PASOTA, FL	34239	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept							
the obligations of registered agent.							
SIGNATURE ()(1/15/03							
SIGNATURE Signature hope of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
January 1 May 1 Fee is \$150.00 After May 1 Fee is \$550.00					9. Election Campaign Financing	\$5.00 May Be	
	Amended UBR is \$61.25				Trust Fund Contribution.	Added to Fees	
	Payable to Florida Department of OFFICERS AND D	and the state of t	And the second s	11.45.5 % (4)			
10.	Proj. dost		TITLE			And the second s	
NAME		CARSON	NAME	1000	7000225619; 08/29/03-01026015	97	
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NAME	LOIS CARSO	area to DK			7000226619; 08/29/0301026016	87	
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TITLE	1		TILE	Land Street Control	and the control of th	· · · · · · · · · · · · · · · · · · ·	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address of the corporation of the corpo

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 8, 2003

Southland Fire Sprinkler Company 1753 Springcreek Drive Sarasota, FL 34239

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re:

Southland Fire Sprinkler Company -

Annual Report Filing Fee for 2002 & 2003

To Whom It May Concern,

Please find enclosed the Annual Report for the above referenced corporation.

Apparently, we did not receive the renewal notices. Recently, this situation came to my attention.

K43015

Therefore, this is our request that all penalties to be waived and/or abated, and that, Southland Fire Sprinkler Company's status be reinstated and/or be made current. Should this be agreeable please find enclosed a check in total for the referenced fees.

If there is no further communication regarding this situation we will consider this matter closed.

Thank you for your assistance in this matter.

Respectfully,

eff Carson, Pres.