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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K67576

SECKMAN FIRE SPRINKLERS OF OCALA, INC.

Principal Place	of Business	Mailing Address						***************************************			
2326 NE 8TH ROAD			•				DO NOT	 WRITE IN 1	THIS SPACE		
					<u> </u>	Data Incore	orated or Qua		11110 01 702		
					3.	02/22/19		iiou		1	
	<u> </u>	l o barra de la companya del companya del companya de la companya				FEI Numbe			-11	Applied For	
2. Principal Pi	lace of Business	2a. Mailing Address			4.						
21		26				59-2932	9 33			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5.	Certifcate o	of Status Desire	ed 💢		Additional Required	
City & State City & State			6. Election Carr Trust Fund C				cing		May Be to Fees		
Zip	Country	Zip	Country	***	8.		ration owes the	current yea	ar Intangible	₩No	
24	25	29 30					roperty Tax. Address of N	ow Poolets			
9. Name and Address of Current Registered Agent				Name	10.	Name and	Address or it	ow Kegisto	neu Agom		
	ES, DUDLEY C JR		81	Hamo					•		
4824 N.E. 9TH STREET			82	Street	Address (F	P.O. Box Nu	mber is Not Ac	ceptable)			
OCALA FL 34470								15	1		
OCALA FL 34470			83				•	• • • •		}	
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office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was author	rizea dv	the corpo	corporatio oration's b	n submits th oard of direc	is statement fo tors. I hereby	ассері іне а	ippoulurient as	ts registered registered	
SIGNATURE	bully a year	to treadent	steend Accou	ut alemature e	required when	rejectation			120/99		
12.	Signature, type or printed nine of registered earn OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.	it signature it			CHANGES TO	OFFICER	S AND DIRECT	ORS IN 12	
TITLE	PD		1.1 TITLE		V	7.00	9		☐ Chang		
	, · -	-	1.2 NAME		Hone	MI	CHAFL	Þ.		-	
NAME	YATES, DUDLEY C., JR.				10/1	L 61567	S7TH	AVE.)	
STREET ADDRESS	.020 112 0111 1101 12			ADDRESS	7757	N. W.	3448	27			
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STREET ADDRESS				ADDRESS			*			• - }	
CITY-ST-ZIP			2.4 CITY-5	T-ZIP	 				F3.0	C A Library	
TITLE		☐ DELETE	3.1 TITLE						Chang	e 🗌 Addition	
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE	TADDRESS	\			•			
CITY-ST-ZIP	_		3.4. CITY- S	T-ZIP							
TITLE		☐ DELETE	4.1 TITLE					•	Chang	e 🗌 Addition	
NAME			4.2 NAME								
STREET ADDRESS			4.3 STREE	TADDRESS	1						
CITY-ST-ZIP		1	4.4 CITY-S	T-ZiP							
TITLE .			5.1 TITLE						[] Chang	e Addition	
NAME			5.2 NAME							_	
	l .	•	43 STREE	TADDRESS						,	

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 own attachment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

(352) 368-2220

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90091 023 ***158.75

☐ Addition