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 # **L17627** **(5)**

1. Corporation Name
INDUSTRIAL FIRE & SAFETY INC.

Principal Place of Business
1517 G E FOWLER AVE
TAMPA FL 33612

Mailing Address
1517 G E FOWLER AVE
TAMPA FL 33612

3. Date Incorporated or Qualified: **09/22/1989** | 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City, State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City, State — 28
Zip — 29 | Country — 30

4. FEI Number: **59-2969919** ☐ 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

HAYS, STEPHEN H.
304 BRENTWOOD DRIVE
TEMPLE TERRACE FL 33017

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 607.1506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1 TITLE: S	☒ Change ☐ Addition
NAME	BEMIS, MARIA E.	2 NAME: Maria E. Bemis	
STREET ADDRESS	15211 ALEXIS DRIVE	3 STREET ADDRESS: 15211 Alexis Dr.	
CITY, ST, ZIP	TAMPA FL	4 CITY, ST, ZIP: Tampa FL 33624	
TITLE	☐ DELETE	1 TITLE: P	☐ Change ☒ Addition
NAME		2 NAME: Carrollton C. Coughlin	
STREET ADDRESS		3 STREET ADDRESS: 3211 Bayshore Blvd NE	
CITY, ST, ZIP		4 CITY, ST, ZIP: St. Petersburg FL 33703	
TITLE	☐ DELETE	1 TITLE: V	☐ Change ☒ Addition
NAME		2 NAME: Michael L. Brown	
STREET ADDRESS		3 STREET ADDRESS: 3203 Nantucket Dr	
CITY, ST, ZIP		4 CITY, ST, ZIP: Middleburg FL 32068	
TITLE	☐ DELETE	1 TITLE: V	☐ Change ☒ Addition
NAME		2 NAME: Michele H Coughlin	
STREET ADDRESS		3 STREET ADDRESS: 3851 18th Ave N.	
CITY, ST, ZIP		4 CITY, ST, ZIP: St. Petersburg FL 33713	
TITLE	☐ DELETE	1 TITLE: D	☐ Change ☒ Addition
NAME		2 NAME: Michael E. Recla	
STREET ADDRESS		3 STREET ADDRESS: 20 Exchange Place Suite 2200	
CITY, ST, ZIP		4 CITY, ST, ZIP: New York, NY 10005	
TITLE	☐ DELETE	1 TITLE:	☐ Change ☐ Addition
NAME		2 NAME:	
STREET ADDRESS		3 STREET ADDRESS:	
CITY, ST, ZIP		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)(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 added on an attachment with an address.

SIGNATURE: Maria E. Bemis — 2/9/96 — 813 972 3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Maria E. Bemis