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 # **M80473** **(5)**

1. Corporation Name

ALL-AROUND SPRINKLERS, INC.

Principal Place of Business	Mailing Address
5440 BENJAMIN AVE. BOYNTON BEACH FL 33437	5440 BENJAMIN AVE. BOYNTON BEACH FL 33437

AS of 6-1-96

2. Principal Place of Business	2a. Mailing Address
21 7073 Lake Island	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lake Worth, Fl	28 City & State
24 Zip: 33467 25 Country: Palm Bch	29 Zip 30 Country

3. Date Incorporated or Qualified: **05/11/1988**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **65-0049531** ☐ 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

LEWIS, ALLEN D
5440 BENJAMIN AVENUE
BOYNTON BEACH FL 33437

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 Section 607.1622, 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. Section 607.0505, Florida Statutes, requires that the appointment as registered agent be accepted 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: Donna L Lewis 4/8/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	LEWIS, DONNA L		12 NAME
STREET ADDRESS	5440 BENJAMIN AVENUE		13 STREET ADDRESS
CITY, ST, ZIP	BOYNTON BEACH FL		14 CITY, ST, ZIP
TITLE	P	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	LEWIS, ALAN		22 NAME
STREET ADDRESS	5440 BENJAMIN AVENUE		23 STREET ADDRESS
CITY, ST, ZIP	BOYNTON BEACH FL		24 CITY, ST, ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY, ST, ZIP			34 CITY, ST, ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY, ST, ZIP			44 CITY, ST, ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY, ST, ZIP			54 CITY, ST, ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY, ST, ZIP			64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this report, 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 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 with an indication that I am a new officer or director with an address.

SIGNATURE: Donna L Lewis 4/9/96 407-736-0286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)