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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:0

DOCUMENT # **N20192** **(3)**

1. Corporation Name

AUTOMATIC FIRE ALARM ASSOCIATION (AFAA), INC./FL SECTION

Principal Place of Business	Mailing Address
741 SANDPIPER CR LONGWOOD FL 32750	741 SANDPIPER CR LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1987
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2769306 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2113 Palm View Dr	26 P.O. Box 161043
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Apopka FL	28 City & State: Altamonte Springs
24 Zip: 32712 25 Country: USA	29 Zip: 32716 30 Country: USA

9. Name and Address of Current Registered Agent

HAMMERBERG, TOM
741 SANDPIPER CR
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: Ronald D. Miller
82 Street Address (P.O. Box Number is Not Acceptable): 2113 Palm View Dr.
83
84 City: Apopka FL 85 Zip Code: 32712

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 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ronald D Miller — 5-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CONSTANTINE, PAUL	12 NAME	Richard Rigdon	
STREET ADDRESS	1740 W FAIRBANKS AVE	13 STREET ADDRESS	990 Bennett Dr	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	Winter Park FL 32789	
TITLE	STD	21 TITLE	STD	☒ Change ☐ Addition
NAME	HAMMERBERG, TOM	22 NAME	Ronald D. Miller	
STREET ADDRESS	741 SANDPIPER CR	23 STREET ADDRESS	2113 Palm View Dr.	
CITY-ST-ZIP	LONGWOOD FL 32750	24 CITY-ST-ZIP	Apopka FL 32712	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	RIGDON, RICHARD	32 NAME		
STREET ADDRESS	990 BENNETT DR.	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this address.

SIGNATURE: Ronald D Miller — 5-19-95 — 407-886-5170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031837