

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

**FILED**

**Feb 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P01899**

**(4)**

1. Corporation Name  
**PERKINS FIRE PRO, INC.**



Principal Place of Business

Mailing Address

**2812 ARMAND ST.  
MONROE LA 71201**

**2812 ARMAND ST.  
MONROE LA 71201-3752**

3. Date Incorporated or Qualified **05/07/1984** 3a. Date of Last Report **03/08/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **71-0592368** Applied For  Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 607.1508, 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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEAVER, DALTON G</b>	
STREET ADDRESS	<b>103 OAKMONT PLACE</b>	
CITY - ST - ZIP	<b>JACKSON TN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROCKMAN, RALPH W</b>	
STREET ADDRESS	<b>3404 DEBORAH DRIVE</b>	
CITY - ST - ZIP	<b>MONROE LA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WARD, TOMMY</b>	
STREET ADDRESS	<b>#5 PARK</b>	
CITY - ST - ZIP	<b>ALEXANDER AR</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>COOLEY, BETTY</b>	
STREET ADDRESS	<b>2808 MAGELLAN</b>	
CITY - ST - ZIP	<b>MONROE LA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, WALLACE</b>	
STREET ADDRESS	<b>ROUTE 2 BOX 441D</b>	
CITY - ST - ZIP	<b>SHERIDAN AR</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: *Betty Cooley* **BETTY COOLEY** Sec/Treas. 2/11/97 318-388-2341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)