**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 # **P04442** **(0)**

1. Corporation Name

**SUPERIOR FIRE PROTECTION, INC.**

Principal Place of Business

1778 WESTOVER ROAD
P.O. BOX 2705
JACKSON TN 38301

Mailing Address

1778 WESTOVER ROAD
P.O. BOX 2705
JACKSON TN 38301

3. Date Incorporated/Qualified: 12/21/1984

3a. Date of Last Report: 04/12/1995

4. FEI Number: 72-0786808 — 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

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

2a. Mailing Address
26 P.O. Box 7480
Suite, Apt. #, etc.
27
City & State
28 MONROE LA
Zip 29 71211 Country 30 Parish Ouachita

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS ST. SUITE 105
TALLAHASSEE FL 32301

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 607.0505, Florida Statutes, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | [ ] DELETE |
| NAME | WEAVER, GLENN | |
| STREET ADDRESS | 103 OAKMONT PL | |
| CITY-ST-ZIP | JACKSON TN | |
| TITLE | V | [ ] DELETE |
| NAME | SMITH, RICHARD | |
| STREET ADDRESS | 1020 SPENCER MILL RD | |
| CITY-ST-ZIP | BURNS TN | |
| TITLE | ST | [ ] DELETE |
| NAME | JACKSON, DANNY | |
| STREET ADDRESS | 98 GRACELYN DRIVE | |
| CITY-ST-ZIP | JACKSON TN | |
| TITLE | D | [ ] DELETE |
| NAME | BROCKMAN, RALPH | |
| STREET ADDRESS | 2812 ARMAND STREET | |
| CITY-ST-ZIP | MONROE LA | |
| TITLE | AST | [ ] DELETE |
| NAME | COOLEY, BETTY | |
| STREET ADDRESS | 2808 MAGELLAN | |
| CITY-ST-ZIP | MONROE LA | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 11 TITLE | [ ] Change | [ ] Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | [ ] Change | [ ] Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | [ ] Change | [ ] Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | [ ] Change | [ ] Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | [ ] Change | [ ] Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | [ ] Change | [ ] Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurate and that I am authorized to file this report for the corporation named in Section 119.07(3)(b), 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 any attached sheet.

SIGNATURE: Betty S Cooley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty Cooley Asst Sec / Treas.

3/26/96 318-388-2341 ext 18