SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10746

13411 LAKE STREET

PABEN, JAMES K

ELKHORN NE

1312 SO 218TH ST.

omaha ne

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

NAME

(6)

CONTIN	HENTAL FIRE SPRINKLER	R COMPANY			
Principal Plac	e of Business	Mailing Address		- 10041001 19C (CO) 88111 10011 01410 914	4 BIRIT DIDIL DIBIL D'AIA BIRIT BIDIL (DD)
4518 SOUTH 133RD ST. P O BOX 37769 OMAHA NE 68137		4518 SOUTH 133RD ST. P O BOX 37769 OMAHA NE 68137		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		07/11/1986 4. FEI Number	03/29/1996
21		26 4518 S. 133	and St.		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	KH -/.	47-0535774	Not Applicable \$8.75 Additional
22		27 PO 80 X 45 1	777	5. Certificate of Status Desired	Fee Required
City & Stat 23	e	City & State 28 Omaha, N	'E	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30 USA	This corporation owes or has pa Personal Property Tax due June	
9, Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registered Agent	
PLA	0 S. PINE ISLAND ROAD INTATION FL 33324 to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	84 City	dress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
agent. I a	egistered agent, or both, in the Si im familiar with, and accept the ob-		_	ation's board of directors. I hereby accep	
12.		AND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	10	DELETE	1.1 TITLE	ADDITIONS/OFFICES TO OFFIC	Change Addition
NAME	MCVEY, JOHN N.		1.2 NAME		
STREET ADDRESS	3116 ARMBRUST DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		1.4 CITY - ST - ZIF		
TITLE	VSD	☐ DELETE	2.1 TITLE		Change Addition
NAME .	MCVEY, WILLIAM F.	_	2.2 NAME		
STREET ADDRESS	#1 WESTLAKE VILLAGE COUNCIL BLUFFS IA		2.3 STREET ADDRESS		
TITLE	PD PD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	MCVEY, KERRY W.		3.2 NAME		Chounte Chydolton
INAUL	177 T T T T T T T T T T T T T T T T T T		■ J.C (MAINE)		

14. I do hereby certify that the information supplied with this filling 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 on an attantom with a padoress.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: V SINGLE WAR CONTROLLED

DELETE

DELETE

DELETE

E034 (4/97)

☐ Change

Change

Change

402-230-5170

7/21/97

☐ Addition

Addition

Addition

FILED

Secretary of State

Jul 29 1997 8:00am