FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 14 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14325 (5)

1. Corporation Name
FIRE PROTECTION SERVICES COMPANY, INC.

900001430689
-03/15/95--01092--020
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2730 ZION CHURCH ROAD P.O. BOX 265 CONCORD NC 28025	2730 ZION CHURCH ROAD P.O. BOX 265 CONCORD NC 28025

3. Date Incorporated or Qualified: 05/05/1987
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business	2a. Mailing Address
21 2949 Ridge Ave South	26 2949 Ridge Ave South
Suite, Apt. #, etc. 22 PO Box 265	Suite, Apt. #, etc. 27 P.O. Box 265
City & State 23 Concord, NC	City & State 28 Concord, NC
Zip / Country 24 28026-0265 25 USA	Zip / Country 29 28026-0265 30 USA

4. FEI Number: 56-1182738 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	ROGERS, J. KEITH	1.2 NAME	Rogers, J. Keith
STREET ADDRESS	RT 4 BOX 89	1.3 STREET ADDRESS	112 Downey Lane
CITY-ST-ZIP	MOORESVILLE NC	1.4 CITY-ST-ZIP	Mooresville, NC 28115
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	BOWMAN, CHARLES R.	2.2 NAME	
STREET ADDRESS	115 KIRKWOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD NC	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BOWMAN, CHARLES R	3.2 NAME	
STREET ADDRESS	115 KIRKWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD NC	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	ABERNATHY, DAVID L.	4.2 NAME	
STREET ADDRESS	1002 PIERCE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MT. HOLLY NC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DELA 3-14

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)(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: J. Keith Rogers 2-27-95 704-788-4413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466400 FN