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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P25637** (0)
1. Corporation Name
AFFORDABLE FIRE PROTECTION OF GEORGIA, INC.

Principal Place of Business: 1750 BELLE MEADE COURT, SUITE A, LAWRENCEVILLE GA 30243
Mailing Address: 1750 BELLE MEADE COURT, SUITE A, LAWRENCEVILLE GA 30243

3. Date Incorporated or Qualified: **08/16/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21. **5130 OAKBROOK PKWY**
22. **140**
23. **Norcross GA**
24. **30093**
25. **Cowanett**

2a. Mailing Address
26. **5130 OAKBROOK PKWY**
27. **140**
28. **Norcross GA**
29. **30093**
30. **Cowanett**

4. FEI Number: **57-0829356**
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
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 Florida agent)
DATE: _____ (Date of registration)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|--|--|
| TITLE: PD | NAME: GUTHRIE, ROBERT M. | 1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 207 SAPHIRE ROAD | CITY, ST, ZIP: NEW SMYRNA BEACH FL | 2. NAME: | |
| | | 3. STREET ADDRESS: | |
| | | 4. CITY, ST, ZIP: | |
| TITLE: VD | NAME: COREY, DONALD R. | 5. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 16702 SPINNAKER LANE | CITY, ST, ZIP: HUNTERSVILLE NC | 6. NAME: | |
| | | 7. STREET ADDRESS: | |
| | | 8. CITY, ST, ZIP: | |
| TITLE: STD | NAME: CROSSWY, D. MILTON, JR. | 9. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 3541 CASTLE HILL CT. | CITY, ST, ZIP: TUCKER GA | 10. NAME: | |
| | | 11. STREET ADDRESS: | |
| | | 12. CITY, ST, ZIP: | |
| | | 13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 14. NAME: | |
| | | 15. STREET ADDRESS: | |
| | | 16. CITY, ST, ZIP: | |
| | | 17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 18. NAME: | |
| | | 19. STREET ADDRESS: | |
| | | 20. CITY, ST, ZIP: | |
| | | 21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 22. NAME: | |
| | | 23. STREET ADDRESS: | |
| | | 24. 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 110.07(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 manager 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: *D. Milton Crosswy, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR: **D. Milton Crosswy, Jr. President**
DATE: **4/14/95**
FILING NUMBER: **404-**