

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.)

FILED

97 DEC -4 PM 2:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
REINSTATEMENT 97
 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P33027 (4)**
 1. Corporation Name
TOMPKINS-BECKWITH FIRE PROTECTION, INC.



Principal Place of Business
**11917 AMBER LEAF COURT
 JACKSONVILLE FL 32223**

Mailing Address
**11917 AMBER LEAF COURT
 JACKSONVILLE FL 32223**

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country

3. Date Incorporated or Qualified
03/05/1991

3a. Date of Last Report
03/04/1996

4. FEI Number
57-0927991

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BRASWELL, JAMES E
 11917 AMBER LEAF COURT
 JACKSONVILLE FL 32223**

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 *James E. Braswell, Title - N/A* 12/13/97
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRASWELL, JAMES E	
STREET ADDRESS	1885 MEALEY STREET SOUTH	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRASWELL, ELLIOTT S	
STREET ADDRESS	60 BRASWELL STREET	
CITY-ST-ZIP	CHARLESTON SC 29405	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FEAGIN, THOMAS R	
STREET ADDRESS	60 BRASWELL STREET	
CITY-ST-ZIP	CHARLESTON SC 29405	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ECHOLS, J	
STREET ADDRESS	60 BRASWELL STREET	
CITY-ST-ZIP	CHARLESTON SC 29405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	80000236838-0
1.3 STREET ADDRESS	-12/11/97-01094-005
1.4 CITY-ST-ZIP	***750.00 ***750.00
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	

REINSTATEMENT 97

52 12-10-97

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: *Thomas R. Feagin* 10/30/97 (803) 740-3412

CR2E034 (4/97)