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Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P33551  
1. Corporation Name  
ATLANTIC COAST FIRE PROTECTION, INC.

Principal Place of Business: 2500-D MEADOWBROOK PARKWAY DULUTH, GA 30096  
Mailing Address: SAME.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1991

|  |                            |                              |                |                   |  |                            |                              |                |                   |                           |                             |
|--|----------------------------|------------------------------|----------------|-------------------|--|----------------------------|------------------------------|----------------|-------------------|---------------------------|-----------------------------|
| 21. Principal Place of Business: 2500-D MEADOWBROOK PKWY   | 22. Suite, Apt. #, etc.: D | 23. City & State: DULUTH, GA | 24. Zip: 30096 | 25. Country: U.S. | 26. Mailing Address: 2500-D MEADOWBROOK PKWY | 27. Suite, Apt. #, etc.: D | 28. City & State: DULUTH, GA | 29. Zip: 30096 | 30. Country: U.S. | 4. FEI Number: 58-1842266 | Applied For: Not Applicable |
| 5. Certificate of Status Desired: <input type="checkbox"/>   |                            |                              |                |                   | \$8.75 Additional Fee Required               |                            |                              |                |                   |                           |                             |
| 6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>   |                            |                              |                |                   | \$5.00 May Be Added to Fees                  |                            |                              |                |                   |                           |                             |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                              |                |                   |  |                            |                              |                |                   |                           |                             |

|   |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent:<br>CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324 |  |  |  | 10. Name and Address of New Registered Agent:<br>B1 Name: NRAI Services, Inc.<br>B2 Street Address (PO Box Number is Not Acceptable): 526 E. Park Avenue<br>B3<br>B4 City: Tallahassee FL B5 Zip Code: 32301 |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|

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 for similar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE: *Amendolyn Andrews Asst. Secretary* 1/28/98  
DATE

| 12. OFFICERS AND DIRECTORS |           |                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |                         |   |                       |
|----------------------------|-----------|---------------------|--|--|-------------------------|---|-----------------------|
| TITLE                      | NAME      | STREET ADDRESS      | CITY-ST-ZIP                                  | 11 TITLE   | 12 NAME                 | 13 STREET ADDRESS                         | 14 CITY-ST-ZIP        |
|                            | PRESIDENT | MURPHREE, DAPHNE    | 403 CLEVELAND FERRY ROAD FAIR PLAY, SC 29643 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | VICE PRESIDENT          |   |                       |
|                            |           | STD                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                         |   |                       |
|                            |           | PATACCA, MICHAEL A. | 2868 CALHOUN SQUARE SUWANEE, GA. 30174       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                         |   |                       |
|                            |           | VD                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                         |   |                       |
|                            |           | NIX, GERALD E.      | 1785 PINE ROAD DACULA, GA 30019              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                         |   |                       |
|                            |           | D                   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | PRESIDENT               |   |                       |
|                            |           | MURPHREE, JACK      | 403 CLEVELAND FERRY ROAD FAIR PLAY, SC 29643 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                         |   |                       |
|                            |           |                     |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | CHIEF FINANCIAL OFFICER |   |                       |
|                            |           |                     |  |  | BURGESS, DOUGLAS G. II  | 5353 BROOKE FARM DRIVE DUNWOODY, GA 30338 |                       |
|                            |           |                     |  |  |                         |   | 500002420206          |
|                            |           |                     |  |  |                         |   | -02/03/98--01083--016 |
|                            |           |                     |  |  |                         |   | ***150.00             |

14. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reported in 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. I am either the 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack C. Murphree* 1/26/98 (770) 623-2195  
DATE

JACK C. MURPHREE, PRESIDENT

CR2E034 (1097)