

3-25-98 B3710 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000044394 (3)**

1. Corporation Name

**ANDERSON FIRE SPRINKLERS, INC.**

Principal Place of Business

**311 ALTAMONTE COMMERCE BLVD.  
SUITE 1618  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address

**203 HICKORY DR.  
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/15/1993**

4. FEI Number

**59-3189867**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Longwood, FL
24 Country	29 Zip
25	30 32779

9. Name and Address of Current Registered Agent

**ANDERSON, KATHLEEN S  
203 HICKORY DR.  
LONGWOOD FL 32779**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVST</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, KATHLEEN S</b>	1.2 NAME	
STREET ADDRESS	<b>203 HICKORY DR.</b>	1.3 STREET ADDRESS	<b>309 Sweetwater Club Circle</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>	1.4 CITY-ST-ZIP	<b>Longwood, FL 32779</b>
TITLE	<b>PD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, GREGORY G</b>	2.2 NAME	
STREET ADDRESS	<b>C/O 203 HICKORY DR.</b>	2.3 STREET ADDRESS	<b>309 Sweetwater Club Circle</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>	2.4 CITY-ST-ZIP	<b>Longwood, FL 32779</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

*Kathleen S Anderson* VP 3/19/98 407-862-8672

CR2E034 (10/97)