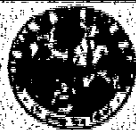


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 AM 7:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000075841 (5)**

1. Corporation Name

**PANTHER FIRE PROTECTION, INC.**

Principal Place of Business  
**17851 ALICO CTR. RD.  
57805 YOUNGQUIST RD.  
FT. MYERS FL 33912**

Mailing Address  
**17851 ALICO CTR. RD.  
57805 YOUNGQUIST RD.  
FT. MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/27/1993**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-2469834**

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. 109.032,  
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLEIN, DANIEL P  
57805 YOUNGQUIST RD. 17851 ALICO CTR. RD.  
FT. MYERS FL 33912**

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

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  
**PVS**  
NAME  
**PLEIN, DANIEL P**  
STREET ADDRESS  
**C/O 57805 YOUNGQUIST RD.**  
CITY-ST-ZIP  
**FT. MYERS FL 33912**

1.1 TITLE ☐ Change ☐ Addition

TITLE  
**VP**  
NAME  
**CAHILL DOROTHY M.**  
STREET ADDRESS  
**12360-4 WOODROSE COURT**  
CITY-ST-ZIP  
**FT. MYERS FL 33907**

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE  
**S**  
NAME  
**PLEIN SUSAN M.**  
STREET ADDRESS  
**45808 LIGHTBLUE CIRCLE**  
CITY-ST-ZIP  
**FT. MYERS FL 33908**

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

63 STREET ADDRESS

64 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 receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, as an individual with an address.

SIGNATURE:

**DANIEL P. PLEIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 22, 1995 (813) 433-0343**  
Date (Include Month & Year)