

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90082 034 ***150.00

DOCUMENT # P93000079683

1. Corporation Name
ROSS SPRINKLER DESIGN CORP.

Principal Place of Business
13761 SW 37 CT
DAVIE FL 33330

Mailing Address
13761 SW 37 CT
DAVIE FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1993

4. FEI Number
65-0449683

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 4779 Long Bow DR.
Suite, Apt. #, etc.

2a. Mailing Address
26 4779 Long Bow DR.
Suite, Apt. #, etc.

22 City & State
23 Titusville, FL

27 City & State
28 Titusville, FL

24 32796-1402 25 BEVERLY CO. USA

29 32796-1402 30 BEVERLY CO. USA

9. Name and Address of Current Registered Agent

THOMPSON, FRANCIS J
13761 SW 37 CT
DAVIE FL 33330

10. Name and Address of New Registered Agent

81 Name
Same
82 Street Address (P.O. Box Number is Not Acceptable)
4779 Long Bow DR.
83
84 City
Titusville FL 85 Zip Code
32796

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 ☐ DELETE

TITLE P
NAME KIRCHER, JOAN
STREET ADDRESS 13761 S.W. 37 CT.
CITY-ST-ZIP DAVIE FL 33330

TITLE VP
NAME THOMPSON, FRANCIS
STREET ADDRESS 13761 S.W. 37 CT.
CITY-ST-ZIP DAVIE FL 33330

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE P
1.2 NAME Kircher, Joan
1.3 STREET ADDRESS 4779 Long Bow DR.
1.4 CITY-ST-ZIP Titusville, FL 32796-1402

2.1 TITLE VP
2.2 NAME Thompson, Francis
2.3 STREET ADDRESS 4779 Long Bow DR.
2.4 CITY-ST-ZIP Titusville, FL 32796-1402

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 264-1857

0120513

CR2E034 (11/98)