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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087010 (3)

FIRE SPRINKLER SYSTEMS COMPANY, INC.

3056 PALM AVE PO BOX 189 STE 1 MATLACHA FL 33909 FORT MYERS FL 33916 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-045686 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WIGGINS, RANDOLPH JR. Name 3056 PALM AVE, STE 1 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33916 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 d applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELCTE 1.1 TITLE ☐ Change Addition WIGGINS, RANDOLPH JR. NAME 1.2 NAME 3056 PALM AVE, STE 1 STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE ☐ Change 2 1 TITLE Addition NEWMAN, TERRI B NAME 22 NAME 3056 PALM AVE. STE 1 STREET ADDRESS 23 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition

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 on 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 an attachment with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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5.4 City-St-ZiP

4.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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Feb 27 1998 8:00am

Secretary of State