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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011584 (7)

ED'S SPRINKLER REPAIR, INC.

Principal Place of Business Mailing Address 598 N.W. 12TH TERRACE 598 N.W. 12TH TERRACE **BOCA RATON FL 33486-3262 BOCA RATON FL 33486** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1994 02/07/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-046 1978 Not Applicable 21 26 Suite Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax unider s. 199.032, Florida Statutes Yes No Z_{10} Country Zio 30 24 25 29 Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name HEALY, ED 598 N.W. 12TH TERRACE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 84 City 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, type dior printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change D DELETE Addition TITLE 1.1 TITLE HEALY, ED NAME 1.2 NAME 598 N.W. 12TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** 1.4 CITY-ST-ZIP CHY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 2IP 2. 4 CITY - ST - ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 3.4. CITY - ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIF 5.4 City-St-ZiP DELETE Addition 61 TITLE TITLE

62 NAME

14. I do 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

appears in Block 12 or Block

NAME

STREET ADDRESS

CITY-\$1-719

SANATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

1/29/97

Daytime Phone #

FILED

Feb 06 1997 8:00am

Secretary of State

PE034 (9/96)