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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1998

1	MENT # P9400 PIDABLE SPRINKLER SYSTI								
Principal Plac	ce of Business	Mailing Address							/ IN 1981 1981
,	H MICHIGAN AVENUE		461 SOUTH MICHIGAN	AVENUE					
SUITE 1	I MICHIGAN AVENUE		901 SOUTH MICHGAN	AVENUE					
CLEARWATER FL 34616		CLEARWATER FL 34616					DO NOT WRITE IN THIS SPACE		
US		t	JS				3. Date Incorporated or Qualified		
							04/06/1994		
Principal Place of Business     21		2a. Mailing Address 26					4, FEI Number	Ar	pplied For
							59-3248421		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	,	Additional
City & State		City & State				·· · · - · · · · · · · · · · · · ·			equired
		<u>├</u> ─┐ '					6. Election Campaign Financing  Trust Fund Contribution		May Be
Zip	Country	28	Zφ	Cour	ntry				to Fees
24	<b>-</b> ' ⊢		29		Courting		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	Name and Address of Curre		tered Agent	30		·	10. Name and Address of New Registered Ag		
H	ORN, JEFF R.				81	Name			
	550 \$ BLECHER ROAD			ļ					
CLEARWATER FL 34624					82	Street Add	dress (P.O. Box Number is Not Acceptable)		
0	BEARTH IL 04024			ŀ	83				<del></del>
				Ł					
					84	City	FL	<b>85</b> Zip	Code
SIGNATURE	Signature typed or printed market recent redu	gent and Me	Lapporable (NO	H : Registered			rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appoin		·
12.	OFFICERS AF	AD DIBLE		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	HORN, JEFF R.		L DELETE	1.1 THT		Ì	<u> </u>	] Change	Addition
NAME	1481 S MICHIGAN AVE			1.2 NA			:		
STREET ADDRESS	CLEARWATER FL					ADDRESS			
CITY-ST-ZIP TITLE	VP		DELETE		1.4 CITY - S1 - ZIP 2 1 TITLE			Change	T Augusta
	STREET, MARK D				22 NAME		L-	Change	☐ Addition
NAME STREET ADDRESS	300 FEATHERTREE DRIVE			1		ADDRESS			
	CLEARWATER FL 34625								
CITY-ST-ZIP TITLE	OCCAMINATEM TE 04020		DELETE	2. 4 CF 3.1 TIT		51 - 219		Change	Addition
NAME	i			3.2 NA			<u></u>	Ontongo	L /Number
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP									
TITLE	<del>                                     </del>	DELETE			3.4. C(TY-ST-ZIP 4.1 T(TLE		[	Change	Addition
NAME				4. 2 NA		Į	_		
STREET ADDRESS	<u> </u>					ADDRESS			
CITY-ST-ZIP				4.4 CIT					
TITLE			☐ DELETE	5.1 111				Change	Addition
NAME				5.2 NA			_	~	
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				5.4 CIT		i i			
TITLE			☐ DELETE	6.1 1(1)				Change	☐ Addition
NAME				6.2 NA	ME	Ī	_	-	
STREET ADDRESS				1		ADDRESS			
CITY-ST-ZIP				6.4 CIT					

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.

J.M. 11- Tack W.D.

1124.00

8-141.0

**FILED** 

May 20 1998 8:00am

Secretary of State