

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
→ AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 02, 1999 8:00 am
Secretary of State
08-02-1999 90014 033 ***550.00

**PROFIT CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P94000034682

1. Corporation Name

AFFORDABLE FIRE PROTECTION OF FLORIDA, INC.

Principal Place of Business
**802 MAGNOLIA STREET
NEW SMYRNA BEACH FL 32168
US**

Mailing Address
**802 MAGNOLIA STREET
NEW SMYRNA BEACH FL 32168
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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

TITLE **DP** ☒ DELETE
NAME **GUTHRIE, ROBERT**
STREET ADDRESS **802 MAGNOLIA ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **DST** ☒ DELETE
NAME **GUTHRIE, DEBRA**
STREET ADDRESS **802 MAGNOLIS ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **DVP** ☒ DELETE
NAME **SALEN, RICHARD**
STREET ADDRESS **802 MAGNOLIA STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

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

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Guthrie, Robert**
1.3 STREET ADDRESS **802 magnolia st**
1.4 CITY-ST-ZIP **New Smyrna Beach, FL**

2.1 TITLE **Vice President, Secretary** ☐ Change ☒ Addition
2.2 NAME **Burgess, Douglas**
2.3 STREET ADDRESS **2500-D meadowbrook Pkwy**
2.4 CITY-ST-ZIP **Duluth GA-30096**

3.1 TITLE **Assistant Secretary** ☒ Change ☐ Addition
3.2 NAME **Guthrie, Debra**
3.3 STREET ADDRESS **802 magnolia st**
3.4 CITY-ST-ZIP **New Smyrna Beach, FL**

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.

SIGNATURE: **Signature Required**

7/15/99 770/623-2195

CR2E034 (5/99)



PA4000034682
599794-90014-33
**Atlantic Coast
Fire Protection, Inc.**

Automatic Fire Safety

Accounting Office
2500-D Meadowbrook Parkway
Duluth, Georgia 30096

770-623-2195 • Fax 770-623-2199

July 27, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Attached you will find the Profit Corporation Annual Report for Affordable Fire Protection of Florida, Inc. If you have any questions, please contact me at (770) 623-2195*225.

Sincerely yours,

Dawn Hunnicutt
Billings Manager
ACFP

10/1/99
10/1/99
10/1/99

10/1/99