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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000066153 (5)

1. Corporation Name
L AND M SPRINKLER, INC.



Principal Place of Business
5055 HOGAN PL.
COCOA FL 32927

Mailing Address
5055 HOGAN PL.
COCOA FL 32927-3148

3. Date Incorporated or Qualified
09/02/1994

3a. Date of Last Report
01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3281177	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

B. Name and Address of Current Registered Agent

MOSS, JOSEPH R
1530 S. FEDERAL HWY.
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	OAKES, BOBBIE H	1.2 NAME	MICHAEL R OAKES
STREET ADDRESS	5055 HOGAN PL.	1.3 STREET ADDRESS	802 C. STREET
CITY-ST-ZIP	COCOA FL 32927	1.4 CITY-ST-ZIP	MARYSVILLE, CA. 95901
TITLE	SD	2.1 TITLE	DIRECTOR
NAME	OAKES, JOYCE W	2.2 NAME	MIRIAM G. OAKES
STREET ADDRESS	5055 HOGAN PL.	2.3 STREET ADDRESS	8253 BERKELEY RD
CITY-ST-ZIP	COCOA FL 32927	2.4 CITY-ST-ZIP	CLEVELAND HEIGHTS, OHIO 44118
TITLE		3.1 TITLE	DIRECTOR
NAME		3.2 NAME	RUSSELL KIEL
STREET ADDRESS		3.3 STREET ADDRESS	630 EL DORADO AV.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OAKLAND, CA. 94611
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Bobbie H. Oakes BOBBIE H. OAKES 1-6-97 407-636-7626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0110137

CR2E034 (9/96)