SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000084126 (9)**

1. Corporation Name
MCDANIEL FIRE PROTECTION SYSTEMS, INC.

Principal Place of Business	Mailing Address
12661 METRO PKWAY SUITE 540 FORT MYERS FL 33912 US	12661 METRO PKWAY SUITE 540 FORT MYERS FL 33912 US

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 10231 Metro Pkwy
22 Suite, Apt. #, etc. #205
23 City & State Ft. Myers, Fl
24 Zip 33912
25 Country USA

2a. Mailing Address
26 10231 Metro Pkwy
27 Suite, Apt. #, etc. #205
28 City & State Ft. Myers Fl
29 Zip 33912
30 Country USA

4. FEI Number 59-3281524 — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PAPPAS, PETER C
225 E. ROBINSON ST.
SUITE 540
ORLANDO FL 32801

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: Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when name change) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MCDANIEL, JERRY	1.2 NAME	
STREET ADDRESS	3745 WINKLER AVE., #1028	1.3 STREET ADDRESS	~~10231~~ 13505 Eagle Ridge Dr. #428
CITY-ST-ZIP	FORT MYERS FL 33916	1.4 CITY-ST-ZIP	Ft. Myers, Fl 33912
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAPPAS, PETER C	2.2 NAME	
STREET ADDRESS	225 E. ROBINSON ST., STE. 540	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BORCHECK, MICHAEL S	3.2 NAME	
STREET ADDRESS	201 N. NEW YORK AVE., SUITE C	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Borcheck Director 7/5/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #