

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000030717 (9)

1. Corporation Name

MR. SPRINKLER OF TAMPA, INC.



Principal Place of Business

4614 PRICE AVENUE  
TAMPA FL 33611

Mailing Address

4614 PRICE AVENUE  
TAMPA FL 33611

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 13487

4. FEI Number

59-3309525

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

33611 Hillsb.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLINS, HAROLD W. JR.  
101 E. KENNEDY BLVD.  
SUITE 2700  
TAMPA FL 33602

Mullis, Harold W. Jr.

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of reg. agent and the filing officer

12. Registered Agent Signature (printed name and date)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                 |  |
|-----------------|---------------------------------|--|
| TITLE           | D                               | <input type="checkbox"/> DELETE            |
| NAME            | SMITH, LARRY G                  |  |
| STREET ADDRESS  | 4614 PRICE AVENUE               |  |
| CITY - ST - ZIP | TAMPA FL 33611                  |  |
| TITLE           | <del>D</del>                    | <input checked="" type="checkbox"/> DELETE |
| NAME            | <del>MINEO, DENNIS J</del>      |  |
| STREET ADDRESS  | <del>3905 ELMWOOD TERRACE</del> |  |
| CITY - ST - ZIP | <del>TAMPA FL 33616</del>       |  |
| TITLE           | D                               | <input type="checkbox"/> DELETE            |
| NAME            | SMITH, TERESA S                 |  |
| STREET ADDRESS  | 4614 PRICE AVENUE               |  |
| CITY - ST - ZIP | TAMPA FL 33611                  |  |
| TITLE           |                                 | <input type="checkbox"/> DELETE            |
| NAME            |                                 |  |
| STREET ADDRESS  |                                 |  |
| CITY - ST - ZIP |                                 |  |
| TITLE           |                                 | <input type="checkbox"/> DELETE            |
| NAME            |                                 |  |
| STREET ADDRESS  |                                 |  |
| CITY - ST - ZIP |                                 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |  |
|---------------------|---|--|
| 1. TITLE            | M | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             |   |  |
| 3. STREET ADDRESS   |   |  |
| 4. CITY - ST - ZIP  |   |  |
| 5. TITLE            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME             |   |  |
| 7. STREET ADDRESS   |   |  |
| 8. CITY - ST - ZIP  |   |  |
| 9. TITLE            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME            |   |  |
| 11. STREET ADDRESS  |   |  |
| 12. CITY - ST - ZIP |   |  |
| 13. TITLE           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME            |   |  |
| 15. STREET ADDRESS  |   |  |
| 16. CITY - ST - ZIP |   |  |
| 17. TITLE           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME            |   |  |
| 19. STREET ADDRESS  |   |  |
| 20. CITY - ST - ZIP |   |  |

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Teresa S. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa S. Smith

4-15-96

813-837-4672

Date

Daytime Phone #

CR2E034 (12/95)