## 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

		<u>-</u>
DOCUMENT #	P95000050225	(8)

WALKER FIRE & SAFETY, INC.

Principal Place of Business	
1270 X BEK DEWK	

Mailing Address

Y1230 RARK/DBIVE/



RANGE DE DER TOTAL SE NO. K		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
					3. Date incorporated or Qualified 06/26/1995	3a. Date	of Las	t Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
<del></del>	Corporate Square	<sub>26</sub> 1978 Corp	orat	e Squar	e 59-3321446			Not Applicable
Suite, Apt. a 22 Suite	102	Suite, Apt. #, etc. 27 Suite 102			5. Certificate of Status Desired			75 Additional
City & State Longw		City & State  Longwood	FL		Election Campaign Financing     Trust Fund Contribution			.00 May Be
<sup>Zip</sup> 327	5 0 Country 25	Zip 32750	<b>30</b>	ntry	8. This corporation has liability for in Florida Statutes  Yes	intangible ta	x unde	rs 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered /	gent	
14444.14				81 Name				
	R, IRIS F		ŀ	82 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
	ARK DRIVE		ļ			,		
CASSE	LBERRY FL 32707			83				
				84 City		FI	85	Zip Code
.11. Pursuant to	the provisions of Sections 607.0502 as	nd 607.1508, Florida Statutes	s, the abo	ve-named corpor	ation submits this statement for the our	pose of cha	naina i	ts registered office
Or registers	ed agent, or both, in the State of Florida. h, and accept the obligations of, Section	. Such change was authorize	d by the c	orporation's boar	d of directors. I hereby accept the appoint	pintment as	registe	red agent. I am
SIGNATURE		r corrido o finado o caratos.						
SIGNATORE: _	Signature, typed or printed name of registered agent and	ditte d'applicable. (NOT	E Registered	Agent signature required	when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12
TITLE	Y WALKED IDOLE	DELETE	1.1 ()	TLE			Chang	€ ☐ Addition
NAME	WALKER, IRSI F		1 2 NA	ME				
STREET ADDRESS	1230 PARK DRIVE		1.3 ST	REET ADDRESS			•	
CITY - ST - ZIP	CASSELBERRY FL 32707		1.4 CIT	Y-ST-ZIP				
TITLE	••	☐ DELETE	2.171	ſL€			) Chanç	ge 🔲 Addition
NAME	Walker, John J Jr 1230 Park Drive		2.2 NA	ME				
STREET ADDRESS	CASSELBERRY FL 32707		2.3 ST	REET ADDRESS				
01.72	DASSELDERNI PL 32/0/			Y-ST-ZIP				<del></del>
Late:		☐ DECE1E	3. 1 Til			L	] Chang	e 🔲 Addition
NAME ONLY F ADDRESS			3 2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP TITLE		□ DELETE	3.4 CIT 4. 1 TiT	Y-ST-ZIP			1 01	
NAME		[] pereie					] Chang	e Addition
STREET ADDRESS			4.2 NA	-				
CITY-ST-ZIP				REET ADDRESS				
TITLE		ſ □ DELETE	4.4 CIT	Y-ST-ZIP		<del></del>	Chara	
NAME		Decere	5.2 NAI			L.	Chang	e 🔲 Addition
STREET ADDRESS				NE EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
IIILE		DELETE	6 1 Til			۲	Chang	e
NAME		L	6.2 NA	į.		_	ronany	e [] Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y - ST - ZIP				
	certify that the information supplied with	this filing is voluntarily furnish	hed and d	nes not qualify for	r the exemption stated in Section 119.0	17(2)(k) Elori	do Sto	tudos 16 mb an

certify that the information indicated on this annual report or supplied wind this annual report or supplied 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 cath; 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.

GNATURE:

4/25/96 (407) 834-3266

Bayline Prox.