## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000058806 (6)

WEIDERMAN FIRE EQUIPMENT, INC.

## **FILED** Apr 02 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address					181 18181 19141 8	Serie Articipes
5549 PERSHI		5549 PERSHING ST. N.E.						
ST. PETERSE	BURG FL 33703-2415	ST. PETERSBURG FL 33703-2415				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						07/12/1996		
2. Principal Place of Business 2a. Mailing Address						4, FEI Number	/	Applied For
21 9550-47 Ave N. 26						59-3393817	<del></del>	Vot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Additional	
22 Unit 20 27						5. Certificate of Status Desired	Fee F	Required
City & State City & State						6. Election Campaign Financing	\$5.00	O May Be
23 St Peters burg FL 28						Trust Fund Contribution		d to Fees
Zip			—	Country		8. This corporation owes or has paid the cu		_ ·
24 337		29	30			Personal Property Tax due June 30.		□ No
	9, Name and Address of Curren	i Registered Agent		81	Mana	10. Name and Address of New Registered	Agent	
POUCHER, THOMAS D					Name			
5549 PERSHING ST. N.E.					Street Addr	ress (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33703-2415				-				
				83				
				84	City		<b>85</b> Zip	Code
					•	<u> </u>		
l office or r	egistered agent, or both, in the State.	of Florida. Such change was	s authoriza	ad by t	named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing	its registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505,	Florida Sta	itutes.	o corporat	norro board or an octore. This boy docopt the ap	pontanon u	o rogisterou
SIGNATURE							·	
	Signature, typed or printed name of registered ager			ed Agent	signature requir	red when reinstating) DATE		
12.	OFFICERS AND	DELETE	13.	171 5	<del>1</del>	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	POLICUED THOMAS S	☐ DECETE	1.1 T				Change	☐ Addition
NAME	POUCHER, THOMAS D			IAME				1
STREET ADDRESS	5549 PERSHING STREET NE			TREET AC				İ
CITY-ST-ZIP	ST PETERSBURG FL	DELETE		ITY-ST-	ZIP		T L Obassa	# ##95~
TITLE	V TOVOTON DANDAN A	L DELETE	2.1 T				Change	☐ Addition
NAME	TOKOTCH, RANDALL L		2.2 N					
STREET ADDRESS	5565 KIWANIS PLACE NE		2.3 STREET A					Į
CITY-ST-ZIP	ST PETERSBURG FL	Delete		CHTY-ST	-ZIP			
TITLE		☐ DELET <b>E</b>	3.1 T				L Change	Addition
NAME			3.2 N					
STREET ADDRESS				TREET AC				
CITY-ST-ZIP		Decement of the second of the		CITY-ST-	ZIP			
THTLE		☐ DELET <b>e</b>	4.1 T				L Change	☐ Addition
NAME			4, 21					j
\$TREET ADDRESS				TREET AE				Ì
CITY-ST-ZIP		······································		ITY-ST-	ZIP			
TITLE		☐ DELETE	5.1 T			•	L Change	L Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET AC	ODRESS			
CITY-ST-ZIP			5.4 C	ITY-ST-	ZIP			
TITLE		DELETE	6.1 T	ITLE			☐ Change	☐ Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET AC	ODRESS			1
CITY-ST-ZIP			64C	ITY-ST-	ZiP			i

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 suppliemental 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 change (gor on an attaching) it with an address.

2/20/08