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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000012717 (9)

1. Corporation Name

EAGLE FIRE SPRINKLERS, INC.

Principal Place of Business

602 CENTER ROAD
FORT MYERS FL 33907

Mailing Address

602 CENTER ROAD
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

65-0727434

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21. 602 Center Rd.

Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. 602 Center Rd

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

VARAKSA, BARBARA J
602 CENTER ROAD
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81. Name

Jones, Marguerite

82. Street Address (P.O. Box Number is Not Acceptable)

602 Center Rd

83. City

FT. Myers

84. State

FL

85. Zip Code

33907

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 Marguerite Jones Marguerite Jones, Pres.

4/23/98

Signature, typed, printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME VARAKSA, BARBARA J
STREET ADDRESS 18608 ORLANDO ROAD
CITY - ST - ZIP FORT MYERS FL 33912

TITLE ☐ DELETE

NAME JONES, RICHARD F
STREET ADDRESS 803 LUCIA DRIVE
CITY - ST - ZIP PUNTA FORDA FL 33950

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Marguerite Jones

1.3 STREET ADDRESS 803 Lucia Dr.

1.4 CITY - ST - ZIP Punta Gorda FL 33950

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME William Adkins Jr.

3.3 STREET ADDRESS 26 Cabello St.

3.4 CITY - ST - ZIP Pt. Charlotte FL 33983

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 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: Marguerite Jones

4/23/98 (941)
936-5826

CR2E034 (10/97)