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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012717

1. Corporation Name

EAGLE FIRE SPRINKLERS, INC.		
N. W. Adda		-{
Principal Place of Business Mailing Address		
602 CENTER RD 602 CENTER RD FORT MYERS FL 33907 FORT MYERS FL 33907		
FORT MYERS FL 33907 US FORT MYERS FL 33907 US		DO NOT WRITE IN THIS SPACE
00		3. Date Incorporated or Qualifed
		02/07/1997
2. Principal Place of Business 2a. Mailing Address		4. FEI Number — Applied For
21 6340 ARC WAY 26 6340	ARC WAY	65-0727434 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		\$8.75 Additional
27		5. Certifcate of Status Desired Fee Required
City & State City & State		6. Election Campaign Financing S5.00 May Be
23 FT. Myers, FLORION 28 FOLT MYCI	rs FlorioA	Trust Fund Contribution Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year Intangible
24 33912 25 45 A 29 33912 I	30 USB	Personal Property Tax.
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
	81 Name	
JONES, MARGUERITE	82 Street Addr	ress (P.O. Box Number is Not Acceptable)
602 CENTER RD	OII OII BET AUGI	day (1.0. box (tallise) is (tot / leasphise)
FORT MYERS FL 33907	83	
	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was at agent. I am familiar with, and accept the obligations of, Section 607,0505, Flor	ithorized by the corporation	on's board of directors. I hereby accept the appointment as registered
_g,	iod Olditolos.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature required	d when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS	Registered Agent signature required	Addition reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE:		
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Signature, typed or printed name of registered agent and latte if applicable. (NOTE: 12. OFFICERS AND DIRECTORS TITLE D DELETE NAME JONES, MARGUERITE STREET ADDRESS 803 LUCIA DR DIRECTORS THE CORPORATION OF THE CORPO	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS TITLE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12. OFFICERS AND DIRECTORS TITLE DOWNES, MARGUERITE STREET ADDRESS 803 LUCIA DR PUNTA GORDA FL 33950 TITLE DOWNES, RICHARD F NAME JONES, RICHARD F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

1/6/98 936-5826