

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000012717

1. Entity Name
EAGLE FIRE SPRINKLERS, INC.



FILED

07 APR -5 AM 8:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
6240-1 METRO PLANTATION RD
FORT MYERS, FL 33912 US

Mailing Address
6240-1 METRO PLANTATION RD
FORT MYERS, FL 33912 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
65-0727434

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, MARGUERITE
6240-1 METRO PLANTATION RD
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name
William H. Adkins Jr.

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

7173 Sweden Blvd.

City
Punta Gorda

FL

Zip Code
33982

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William H. Adkins Jr. President*

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

(NOTE: Registered Agent signature required when reinstating)

4-3-07

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, MARGUERITE
255 WEST END DRIVE #3410
PUNTA GORDA, FL 33950 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, RICHARD F
255 WEST END DR #3410
PUNTA GORDA, FL 33950 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADKINS, WILLIAM J
7173 SWEDEN BLVD
PUNTA GORDA, FL 33982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Lisa M. Garcia
3474 Faith St.
Pt. Charlotte FL 33952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
07/4/9 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100096369281 ☐ Change ☐ Addition
04/10/07--01044--022 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William H. Adkins Jr. President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07

Date

239.936.5826

Daytime Phone #