

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90024 048 ***150.00

DOCUMENT # P97000019247

1. Corporation Name

BUENA VISTA FIRE PROTECTION INC.

Principal Place of Business

**7113 LAKNER WAY
ORLANDO FL 32822**

Mailing Address

**7113 LAKNER WAY
ORLANDO FL 32822**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

2. Principal Place of Business

2a. Mailing Address

21 5959 Folkstone Lane
Suite, Apt. #, etc.

26 5959 Folkstone Lane
Suite, Apt. #, etc.

22 ORLANDO, FLORIDA
City & State

27 ORLANDO FLORIDA
City & State

23 32822 USA
Zip Country

28 32822 USA
Zip Country

24

25

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4. FEI Number

59-3423444

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KEELING, BRUCE A
7113 LAKNER WAY
ORLANDO FL 32822**

10. Name and Address of New Registered Agent

81 Name William J Wilhelm
82 Street Address (P.O. Box Number is Not Acceptable)
5959 Folkstone Lane
83 ORLANDO
84 City

FL 85 Zip Code 32822

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

William J Wilhelm
Signature, typed or printed name of registered agent and title if applicable.

William J Wilhelm
(NOTE: Registered Agent signature required when reinstating)

President 5/1/98
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME WILHEM, WILLIAM J
STREET ADDRESS 7113 LAKNER WAY
CITY-ST-ZIP ORLANDO FL 32822

TITLE VP ☐ DELETE
NAME KEELING, BRUCE A
STREET ADDRESS 570 NEW ENGLAND DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32703

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

William J Wilhelm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/98
Date

382-5192
Daytime Phone #

CR2E034 (1/98)

0101210