

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90148 005 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000048245**

1. Corporation Name  
**ABC FIRE EQUIPMENT CORPORATION**

Principal Place of Business

5370 JAEGER ROAD  
 NAPLES FL 34109  
 US

Mailing Address

5370 JAEGER ROAD  
 NAPLES FL 34109  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

59-3451741

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**DOLDE, DENAE**  
 5370 JAEGER ROAD  
 NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name **TODD JACOBS**  
 82 Street Address (P.O. Box Number is Not Acceptable) **360 DOVER PLACE #1303**  
 83  
 84 City **NAPLES** **FL** 85 Zip Code **34104**

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 *Todd E Jacobs*

4-23-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SCHROYER, JAY	
STREET ADDRESS	20 COLONIAL DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DOLDE, DENAE	
STREET ADDRESS	5370 JAEGER ROAD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHROYER, JAY	
1.3 STREET ADDRESS	20 COLONIAL DRIVE	
1.4 CITY-ST-ZIP	NAPLES, FL 34112	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOLDE, DENAE	
2.3 STREET ADDRESS	1048 CYPRESS WOODS DRIVE	
2.4 CITY-ST-ZIP	NAPLES, FL 34103	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TODD JACOBS	
3.3 STREET ADDRESS	360 DOVER PLACE #1303	
3.4 CITY-ST-ZIP	NAPLES, FL 34104	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DONALD JACOBS	
5.3 STREET ADDRESS	55 - 12th AVENUE SOUTH	
5.4 CITY-ST-ZIP	NAPLES, FL 34102	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 a power of attorney.

SIGNATURE: *Todd E Jacobs*

4-23-99

941/591-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)