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

DOCUMENT # **P97000059545**

City & State

SOUTHWEST FIRE PROTECTION, INC.

Principal Place of Business	Mailing Address	-		
2730 WORTH AVE ENGLEWOOD FL 34224-9748	2730 WORTH AVE ENGLEWOOD FL 34224-9748			
2. Principal Place of Business	2a. Mailing Address	* 1.00		
Suite Ant # etc	Suite Ant # etc			

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90118 031 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

07/07/1997 4. FEI Number

65-0764607

23		28				Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Coi	ıntry		8. This corporation owes the cur	rent year Int	angible	_	
24	25	29	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren	t Registered Agent		Ĺ.,		10. Name and Address of New	Registered	Agent		
Ģ	RDONO, JOSEPH			81	Name					
GIORDONO, JOSEPH 51 PAR VIEW TERRACE ROTONDA WEST FL 33947				82	82 Street Address (P.O. Box Number is Not Acceptable)					
				83						
				84	City			85 Zip C	Code	
					,		FL	<u>- </u>		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such chang	je was authorize	d by t	-named corpo the corporatio	oration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appor	changing its ntment as rej	registered gistered	
SIGNATURE							STAG			
40	Signature, typed or printed name of registered age		(NOTE Registere	d Agent	signature required	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12	
12.	,	ID DIRECTORS		ITIF	i	ADDITIONO/OHANGES TO OF	· IOLINO AI	Change	Addition	
TITLE	PG: DRDANO -GIORDAON: JOSEPH		12 N					_ ,		
NAME	EA DAD MENT TERRACE		i		ADDRESS					
STREET ADDRESS	ROTONDA WEST FL 33947		i i							
CITY-ST-ZIP TITLE	ROTONDA WEST FL 33947	□ DE		ITY-ST	-ZIP			Change	Addition	
			22 N					13.	_	
NAME			1		ADDRESS					
STREET ADDRESS			i i	ITY-SI						
CITY-ST-ZIP TITLE	 	DE			1-211			Change	Addition	
NAME		_	32N	AME						
STREET ADDRESS			l l		ADDRESS					
CITY-ST-ZIP				DITY-SI						
TITLE								Change	Addition	
NAME			4 2 1	IAME						
STREET ADDRESS			438	TREET	ADDRESS					
CITY-ST-ZIP			1	ITY-ST						
TITLE		DE						Change	Addition	
NAME			52 N	AME					1	
STREET ADDRESS			53\$	TREET	ADDRESS					
CITY-ST-ZIP			540	ITY-ST	-ZIP					
TITLE		□ DE	LETE 61T	ITLE				☐ Change	☐ Addition	
NAME			62 N	AME						
STREET ADDRESS			638	TREET	ADDRESS					
			640	ITY. ST	. 7IP					

14. hereby certify that the information supplied with this filling 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 impowered.