

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000073343

Corporation Name

NATIONAL FIRE EXTINGUISHERS, INC.

FILED

99 SEP 17 PM 2:34



Principal Place of Business

2425 SPOONWOOD DR.
TALLAHASSEE FL 32303

Mailing Address

2425 SPOONWOOD DR.
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

59-2086839

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

Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

Name and Address of Current Registered Agent

SCOMA, LAWRENCE
2425 SPOONWOOD DR.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SCOMA, LAWRENCE	
STREET ADDRESS	2425 SPOONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCOMA, MARIO	
STREET ADDRESS	2425 SPOONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WESTMAN, RACHAEL	
STREET ADDRESS	2425 SPOONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
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

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	500002996165-8	
13 STREET ADDRESS	-09/24/99-01033--007	
14 CITY-ST-ZIP	****150.00 ****150.00	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

Daytime Phone #

3867575

National Fire Extinguishers, Inc.
Lawrence Scoma
2425 Spoonwood Drive
Tallahassee, FL 32312

September 15, 1999

Division of Corporations
State of Florida
P. O. Box 6327
Tallahassee, FL 32314

RE: Annual Report #P97000073343

To Whom It May Concern:

Please find attached a replacement copy of my annual report that was filed on April 15, 1999 with a money order in the amount of \$150.00. I checked the computer and discovered that my report had not been entered. I called your customer service office and they advised me to submit the information again with the payment and to trace the money order to determine if it had been cashed.

Nothing has changed in my report from last year. Please accept this replacement report and fee of \$150.00. If I discover that for some reason the funds have been applied to the wrong account, I will notify you. Thank you for your help in this matter.

Sincerely,



Lawrence Scoma
President
National Fire Extinguishers, Inc.
(850) 386-7575