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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700081201 (0) FLORIDA FIRE EQUIPMENT CORP.

A SANGKARA SID ERIOT IRAK DARIK ARIKI ARIKI ARIKI ARIKI ARIKI SARAK SARAK SURID KIRIK ARIKI ARIKI KURI SARAK

Principal Place of Business PARK FI, 32067-2017 PO BOX 2017 POR NOTE PARK FI, 32067-2017 PO BOX 2017 PO BO									
DO NOT WRITE IN THIS SPACE 3. Date Incorporated of Qualified Op/18/1987 2. Principal Place of Rusiness 2. Principal Place of Rusiness 2. Principal Place of Rusiness 3. Date Incorporated of Qualified Op/18/1987 3. Date Incorporated of Qualified Op/18/1987 3. Date Incorporated of Qualified Op/18/1987 3. Principal Place of Rusiness 3. Date Incorporated of Qualified Op/18/1987 3. Principal Place of Rusiness 3. Date Incorporation of Qualified Op/18/1987 3. Date Incorporation of Qualified Op/18/1987 3. Date Incorporation of Qualified SR.75 Additional 5. Certificate of Status Desired 6. Electron 6. El	Principal Plac	e of Business	Mailing Address			I HANDINGO NA VI	irs) dania nahin dahin dasi		1016) (101 (68)
2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated of Qualified 37 (B) (B97) 3 (B) (B	P.O. BOX 2017 P.O. BOX 2017								
2. Principal Place of Business 2. Minking Address 2. Minking Address 2. Minking Address 2. Fill 1997 2. Suite, Api #, etc. 2. Suite,	ORANGE PARK FL 32067-2017 ORANGE PARK FL 32067-2017								
2. Principal Place of Business 22. Making Address 3. Filt Number Application A								N THIS SPACE	
2. Melicipal Place of Chusenosis 31	,								
Suito, April #, etc. Suito, April #, etc.	0.00	(.T.(P.		,			<u> </u>		
SUID. Apt #, etc. Signature Signature		IACO OF BUSINESS					1110273		
27 City & State 27 City & State 28 City & State 29 Country 29 Country 29 Country 29 Country 20 20 20 20 20 20 20 2						59.3	769 213		
City & State 28 Country 28 Country 28 Country 28 Country 28 Country 28 Country 29 Country 20 20 Country 20 R. This corporation were on has paid the current year imangible Personal Property Tax due Lung 30 Property		#, Btc.				5. Certificate of S	tatus Desired	1 1 1	
20 Country Zip Country Zip Country Zip Country Added to Fees	City & State	n		·					····
Zup Country 2 December 2									
28 28 29 30 Prescual Property Tax due June 30 2 Fee No No No No No No No		Country		Country					
RINGENHER, MAIN, GRAHAM, TANNER & DEMONT ONE INDEPENDENT DRIVE SUITE 2000 JACKSOMILLE FL 32202 44 City OUT FLE IS ZID Code agon. Land Interview in the provisions of Acceptable of Control of Code or regulatored agon. Land Interview in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agon. Land Interview in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agon. Land Interview in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agon. Land Interview in the Interview and the Control of Public Control of Code. Society of Code.		'							
KIRSCHNER, MAIN, GRAHAM, TANNER & DEMONT ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE FL 32202 82 Street Address (P.O. Box Number is Not Acceptable) 36 O'LY OLANGE HALL FL 32202 11. Pursuant to the provisions of dictor of 15 percent and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of the provisions of dictor of Florida. Such change was authorized by the corporation's board of director. I hereby accept the appointment are registered agent of the provision of t									
ONE NOEPENDENT DRIVE SUITE 2000 JACKSONVILLE FL 32202 11. Pursuant to the provisions of place of the provisions of the provisions of place of the place of the place of the provisions of the provisions of the place of the provisions of the place of the plac	KIR			81	Name /	11.			
SUFE 2000 JACKSONVILLE FL 32202 Solution Address (i.i.d. Edw. Mink and Edw. St. Lock Control of C					THEX STUCKEY				
JACKSONMILE FL 32202 11. Pursuant to the provisions of four states and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with first control to the provisions of purpose of changing its registered agent. I am familiar with first control to the purpose of changing its registered agent. I am familiar with first control to the purpose of changing its registered agent. I am familiar with first control to the purpose of changing its registered agent. I am familiar with first control to the purpose of changing its registered agent agent to the corporation's board of directors. I hereby accept the appointment as registered agent agent agent registered of the corporation's board of directors. I hereby accept the appointment as registered agent agent agent registered agent agent agent registered agent agent agent registered agent agent agent registered registers. I have been registered agent agent agent registered agent agent agent registered agent agent regist						ss (P.O. Box Numbe	r is Not Acceptable))	
11. Pursuant to the provisions of objects of the decision and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Jam familiar with and decision of socious objects of the provision of the purpose of changing its registered agent. Jam familiar with and decision of socious forcing objects of the provision's board of directors. I hereby accept the appointment as registered agent. Jam familiar with a purpose of changing its registered agent. Jam familiar with a purpose of changing		· · · · · · · · · · · · · · · · · · · 		83		00,00011	10/1 40/11		
11. Pursuant to the provisions of Actigns (1) and 507 1508, Floored Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a display of the children such children	J JAN	NOONNELL I'L SEEDE							
11. Pursuant to the provisions of Actigns (1) and 507 1508, Floored Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a display of the children such children		/ /		84	City OAA	were Pon	./	85 Zip	Code
SIGNATURE Signature of the proposition of regulation appellation a	11 Pursuant	to the provisions of acctions 407	12 and 607 1508. Florida Sta	itutes, the above-	named cornor			roces of changing	ite registered
SIGNATURE Signature of the proposition of regulation appellation a	office or re	egistered agent, post, in its State	e of Florida. Such change wa	as authorized by t	the corporation	n's board of director	s. I hereby accept	the appointment a	s registered
Signature field of playing the or regorations apply and the if applicated to the flag of the origination application of the playing and the flag of the playing and	1	n ramılar with and lede in the oblig	jations of, Section 607.0505,	Florida Statutes.			1	2-12-99	: /
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature Agencies of magnifications of registered ag	col and life if applicable (f	VOTE: Registered Agent	signature required	when reinstation)		DATE	<u> </u>
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE 11 TITLE Addition P.O. BOX 2017 N/A ORANGE PARK FL 32067-2017 TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE 12 TITLE ALCITY-ST-ZIP DELETE 13 TITLE ALCITY-ST-ZIP DELETE 14 TITLE MAME 12 NAME 32 SIRRET ADDRESS CITY-ST-ZIP DELETE Addition Addition Addition Addition Addition DELETE ALCITY-ST-ZIP DELETE ALCITY-ST-ZIP DELETE ALCITY-ST-ZIP DELETE ALCITY-ST-ZIP DELETE ALCITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE ALCITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE ADDRESS CITY-ST-ZIP DELETE DELETE ADDRESS CITY-ST-ZIP DELETE DELETE DELETE ADDRESS SA CITY-ST-ZIP TITLE MAME STREET ADDRESS SA CITY-ST-ZIP DELETE DEL					a gradoro roquita		NGES TO DEFICE	BS AND DIRECTO	RS IN 12
NAME STREET ADDRESS CITY-ST-ZP TITLE OF LOCATION NAME STREET ADDRESS CITY-ST-ZP OF LOCATION NAME STREET ADDRESS		D ,	DELETÉ		PI		***************************************		
CITY-ST-ZP CRANGE PARK FL 32067-2017	NAME	Carpenter, Kevin)	1.2 NAME	'			, ,	17
ORANGE PARK FL 32067-2017	STREET ADDRESS	P.O. BOX 2017 N/A		1.3 STREET A	DDRESS -				
DELETE D	CITY+ST-ZIP	ORANGE PARK FL 32067-20	17	1.4 CITY - ST -	ZIP				
NAME 22 NAME 23 STREET ADDRESS 36	TITLE	ETWAIN ALL	☐ DELETE			106 - PAG11	2+21	Change	Addition
23 STREET ADDRESS 24 CITY-ST-ZIP	NAME	<i>"</i>		2.2 NAME	A	11x 5700	KEY		
DELETE	STREET ADDRESS			2.3 STREET A	DORESS	Cha COAP	DRATE WA	4	
DELETE	CITY-ST-ZIP			2.4 CITY-ST	-ZIP	RONGE 1	DANK Pr	32073	
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP	TITLE		☐ DELETE						☐ Addition
SAL CITY - ST - ZIP	NAME			3.2 NAME					•
DELETE	STREET ADDRESS			3.3 STREET AC	DDRESS				ļ
DELETE	CITY-ST-ZIP			3.4. CITY - ST -	- ZIP				
A 3 STREET ADDRESS A 4 CITY - ST - ZIP	TALE		☐ DELET e					☐ Change	Addition
A CITY-ST-ZIP	NAME			4. 2 NAME					
DELETE	STREET ADDRESS			4.3 STREET AL	DDRESS				
### DELETE	CITY-ST-ZIP			4.4 CITY-ST-	ZIP				
STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS			☐ DELETE			·· ···································		Change	Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	NAME			5.2 NAME	j				
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			1	DDRESS				
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	ľ								1
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS			DELETE					Change	Addition
STREET ADDRESS 63 STREET ADDRESS	NAME								
					DDRESS				i
	CITY-ST-ZIP		/						

best of quarty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information strue ind accurate and that my signature shall have the same legal effect as if made under oath; that I am an emptivered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a stross. 14. I hereby certify that the information supplied with his indicated on this annual report or supplemental and officer or director of the corporation or the restored or Block 12 or Block 13 if changed, or on an applica 404)

FILED

Mar 17 1998 8:00am

Secretary of State