

FILE NOW. FILING FEE AFTER MAY 1ST IS \$300.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P98000000950

1. Corporation Name

BILL'S SPRINKLER SYSTEM INC.

Principal Place of Business

 7172 TOUCAN TRAIL
SPRINGHILL FL 34606

Mailing Address

 7172 TOUCAN TRAIL
SPRINGHILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number

59-3486854

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.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

Zip Country

29

Zip Country

9. Name and Address of Current Registered Agent

 HOLLEY, BERTHA
7172 TOUCAN TRAIL
SPRINGHILL FL 34606

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. President, OFFICERS AND DIRECTORS

 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 President
Bertha Holley, Pres.
7172 Toucan Tr.
Spring Hill, FL 34606
☐ DELETE
 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
 TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ DELETE
 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition
 2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition
 3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition
 4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition
 5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition
 6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

 Bertha Holley, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 2-18-99 352-683-2233
Date Daytime Phone #

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90102 016 ***150.00

