

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90027 016 ***150.00

DOCUMENT # P98000088779

1. Entity Name
SOUTHERN FIRE SUPPRESSION, INC.



Principal Place of Business
**3801 E. STATE ROAD 46
SANFORD, FL 32771**

Mailing Address
**3801 E. STATE ROAD 46
SANFORD, FL 32771**

30000811



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01152007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3553907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLIS, LEONARD M
3801 E. STATE ROAD 46
SANFORD, FL 32771**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HOLLIS, LEONARD M**
STREET ADDRESS **3801 E. STATE ROAD 46**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **V** ☒ Delete
NAME **MURPHY, TIMOTHY P**
STREET ADDRESS **3801 E. STATE RD. 46**
CITY-ST-ZIP **SANFORD, FL 327119155**

TITLE **V** ☐ Delete
NAME **CALDWELL, ROBERT H JR.**
STREET ADDRESS **3801 E. STATE ROAD 46**
CITY-ST-ZIP **SANFORD, FL 327119155**

TITLE **ST** ☐ Delete
NAME **TACKETT, JACQUELINE P**
STREET ADDRESS **3801 E. STATE RD. 46**
CITY-ST-ZIP **SANFORD, FL 327719155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacqueline P. Tackett* **Jacqueline P. Tackett**

01/16/07

407/320-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #