

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

FILED

Jan 15 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S23617** (1)

1. Corporation Name  
**FIRE BLOCKER, INC.**



Principal Place of Business

Mailing Address

**241 O'BRIEN ROAD  
FERN PARK FL 32730**

**241 O'BRIEN ROAD  
FERN PARK FL 32730-2809**

3. Date Incorporated or Qualified

**01/08/1991**

3a. Date of Last Report

**04/12/1996**

4. FEI Number

**59-3042503**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ 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** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**MORRISON, WILLIAM H.  
7100 S HWY 17-92  
FERN PARK FL 32730-9092**

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**PS  
NAME CARROLL, LAWRENCE W. JR  
STREET ADDRESS 110 CAMPHOR TREE LN  
CITY-ST-ZIP ALTAMONTE SPRGS FL**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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**TITLE  
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CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP**

☐ Change ☐ Addition

**21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP**

☐ Change ☐ Addition

**31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP**

☐ Change ☐ Addition

**41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP**

☐ Change ☐ Addition

**51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP**

☐ Change ☐ Addition

**61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP**

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7 Jan 97 407-577-4258**

CR2E034 (9/96)