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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

S39171

(1)

DOCUMENT # **SOUTHERN ATLANTIC FIRESTOP ENGINEERING OF FLORID**

- CO INC	•						
Principal Place of Business Mailing Address					T LOGISTAND AND TELED IDIDS 11-011 AND DE 4101 SI	DAN DIDIN DIBIN BIBAN DIDIN DIBIN 1884	
4502 OLD WINTER GARDEN ROAD 4502 OLD WINTER GARD							
H H ORLANDO FL 32611 ORLANDO FL 32611					DO NOT WRITE IN	THIS SPACE	
US US					3. Date Incorporated or Qualified		
					03/20/1991		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
26				59-3063698	Not Applicable		
		Suile, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	City & State City & State				6, Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country 25	Zip 29	Count	гу	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regist	ered Agent	
	(IRVIN, SUSAN JEAN		8	1 Name			
4502 H OLD WINTER GARDEN ROAD			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32811							
% ,			8	3			
•			8	4 City		FL 85 Zip Code	
SIGNATURE	m familiar with, and accept the obli-				uired when reinslating) E	SATE	
12. OFFICERS AND DIRECTORS			13.				
TITLE	PST	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	S KIRVIN, SUSAN J.		1.2 NAM	£			
STREET ADDRESS	5056 CASPIAN COURT		13 STRE	ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 City	-S1-ZIP			
TITLE	VP .	☐ DELETE	21 TITLE			Change Addition	
NAME	S KIRVIN, RICK W.		2.2 NAM	E			
STREET ADDRESS	5056 CASPIAN COURT		2.3 STRE	ET ADDRÉSS			
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAMI				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP		D pr. s-s	3.4. CITY				
TITLE		☐ DELETE	4.1 THLE			Change Addition	
NAME			4. 2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		Driese	4.4 CITY			Discourage Address	
TITLE		☐ DELETE	5.1 TITLE	- 1		☐ Change ☐ Addition	

6.4 CiTY-ST-ZIP CITY-ST-ZIP 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 ar address.

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREFT ADDRESS

6.3 STREET ADDRESS

5.4 Cily - ST - ZiP

Change

Addition

FILED

Feb 04 1998 8:00am

Secretary of State

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