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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S43577** (3)

1. Corporation Name

PROFESSIONAL SPRINKLER SYSTEMS, INC.



Principal Place of Business

Mailing Address

**7035 N PALAFOX ST
PENSACOLA FL 32503**

**7035 N PALAFOX ST
PENSACOLA FL 32503**

3. Date Incorporated or Qualified

03/20/1991

3a. Date of Last Report

08/24/1995

4. FEI Number

59-3060604

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUDGE, JEFFREY KEITH
7038 N PALAFOX HWY
PENSACOLA FL 32503**

81 Name

Mudge, Jeffrey Keith

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

1125 Corsa Terrace

83

84

Pensacola

FL

85

Zip Code

32514

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)

2/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **OP**
MUDGE, WILLARD SCOTT
STREET ADDRESS **45 E FULTON AVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **DV**
MUDGE, JEFFREY KEITH
STREET ADDRESS **7038 N PALAFOX HWY**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **S**
MUDGE, SANDY LEIGH
STREET ADDRESS **1125 CORSA TERR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sandy Leigh Mudge **SANDY LEIGH MUDGE** **1-1896** **476-9285**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)