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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # **\$43577**

13577 (3)

PROFESSIONAL SPRINKLER SYSTEMS, INC. Principal Place of Business Mailing Address 7035 N PALAFOX ST 7035 N PALAFOX ST PENSACOLA FL 32503 PENSACOLA FL 32503-7153 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1991 04/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3060604 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MUDGE, JEFFERY KEITH 81 Name 1125 CORSA TERR Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32514 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typica or prince I have of registered agent and title dispolicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition THE MUDGE, WILLARD SCOTT HAMI 1.2 NAME 45 E FULTON AVE STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 1.4 CITY-ST-ZIP Of YISE 762 Ď۷ DELETE Tibil 21 TITLE ☐ Change Addition MUDGE, JEFFREY KEITH MANUE 2.2 NAME 7038 N PALAFOX HWY STREET ADDRESS 23 STREET ADDRESS PENSACOLA FL OFY SE 2.4 CITY - ST-ZIP 762 DELETE Billi 3 1 TITLE Change Addition MUDGE, SANDY LEIGH NAME 32 NAME 1125 CORSA TERR STREET ADDRESS 33 STREET ADDRESS PENSAFOLA FL CCY-SI-7P 34. CITY-ST-ZIP DELETE T-DEF 4 1 TITLE Change Addition 4 2 NAME HAM 43 STREET ADDRESS STREET ADORESS CPY-ST-7.6 44 CHY+ST-ZIP DELETE 1.11 51 TITLE Change Addition NAME 52 NAME STREET ALDRESS **53 STREET ADDRESS** CHY 51 741 5.4 CITY - ST-ZIP Change DELETE Addition 1 111 61 TITLE MAM 62 NAME STREET ADDRESS **63 STREET ADDRESS**

14. I do hereby certify that the information supplied with this filling 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 eath; 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 Bjock 13 if changed, or on an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE:

CD 4 - S1 - 7.4:

FRICER OR DIRECTOR

3/20/97 476-9

FILED

May 13 1997 8:00am

Secretary of State