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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S72768

ASSOCIATED AUTOMATIC SPRINKLERS, INC.

Princ	cipai Plac	e or Bu	
4028	ARROYO	LANE	

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90067 039 ***150.00



Principal Place	e of Business	IVICIII	ng Audress			1			
4028 ARROYO	LANE	4028	ARROYO LANE						
TAMPA FL 3362		TAMP	A FL 33624			DO NOT	WDITE IN THE	CDACE	
							WRITE IN THIS	SPACE	
						3. Date Incorporated or Qua	lifed		
						08/13/1991			
2. Principal Pl	lace of Business	2a. M	lailing Address	_		4. FEI Number		A	pplied For
21		26				59-3076869		N	ot Applicable
Suite, Apt.	#, etc.	s	uite, Apt. #, etc.			5. Certificate of Status Desire	ed 🗀		Additional
22		27				5. Certificate of Status Desire	eu Li	Fee R	equired
City & State			ity & State			6. Election Campaign Finance	cing	\$5.00	Мау Ве
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country		ip	Count	ry	8. This corporation owes the	current year Int	angible	
24	25	29	· •	30		Personal Property Tax.		Yes	ŪNo
241	9. Name and Address of Curr		***************************************			10. Name and Address of N	lew Registered	Agent	
				- 8	1 Name				
MOR	rris, larry G.			L					
	ARROYO LANE			{8	2 Street Add	Iress (P.O. Box Number is Not Ac	ceptable)		
	PA FL 33624			-	3				
ICINI	FA 1 L 00024			`	'3				
				1	4 City			85 Zip	Code
			,				FL	- 1 1	
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607	.1508, Florida Statute	es, the about the stand in	ve-named corporat	poration submits this statement for ion's board of directors. I hereby a	r the purpose of accent the appoi	changing it: ntment as re	s registered
office of f		LE UI FIUITUA	Judit change was a	da Ctatut	y life corporat	one bears of an october the early t			1
agent. i a	m familiar with, and accept the oblig	gations of, Se	ection 607.0505, Floi 	nua Statut	2 8.				Į.
SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obli-	gations of, Si	ection 507.0505, Fioi - 		3 5.	red when reinstating)	DATE		
SIGNATURE	m familiar with, and accept the obli-	gations of, Si	pplicable. (NOTE:		3 5.	red when reinstating) ADDITIONS/CHANGES TO			
SIGNATURE	m familiar with, and accept the obli-	gations of, Si	pplicable. (NOTE:	Registered A	gent signature requir			ND DIRECT	ORS IN 12
SIGNATURE	m familiar with, and accept the obligation of registered a OFFICERS /	gations of, Si	policable. (NOTE:	Registered A	gent signature requir				
SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of registered a OFFICERS / PD MORRIS, LARRY G.	gations of, Si	policable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM	gent signature requir				
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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 chapted, or an an attachment with an address, with all other like empowered.