

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90001 025 ***317.50

DOCUMENT # V58243

1. Corporation Name

AMERICAN EAGLE FIRE, INC.

Principal Place of Business

1701 SW 37 AVE.
P.O. BOX 2710
OCALA FL 34474-2827

Mailing Address

1701 SW 37 AVE.
P.O. BOX 2710
OCALA FL 34474-2827

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1992

4. FEI Number

59-3143196

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 owes the current year Intangible
Personal Property Tax.



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FRIES, THEODORE S
STREET ADDRESS 1701 S.W. 37TH AVENUE
CITY-ST-ZIP Ocala FL 34474

☒ DELETE

1.1 TITLE PD
1.2 NAME SCHWALLER, JAMES
1.3 STREET ADDRESS 1701 SW 37th AVE
1.4 CITY-ST-ZIP Ocala, FL 34474

☐ Change

☒ Addition

TITLE VTAS
NAME BRUGIONI, VALERIO
STREET ADDRESS 1701 S.W. 37TH AVENUE
CITY-ST-ZIP Ocala FL 34474

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VATS
NAME WEHRENBURG, KIM A.
STREET ADDRESS 1415 W. 22ND ST.
CITY-ST-ZIP OAK BROOK IL 60521

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director
Val Brugioni, V.P.

Date
2/24/99

Daytime Phone #
352-237-1122

CR2E034 (1/198)

0486484