

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V73024** (4)

1. Corporation Name  
**NELSON SPRINKLER SYSTEMS, INC.**



Principal Place of Business  
**4092 DAHL DRIVE  
LAKE WORTH FL 33463  
US**

Mailing Address  
**P.O. BOX 6043  
LAKE WORTH FL 33466-6043**

3. Date Incorporated or Qualified **10/21/1992** 3a. Date of Last Report **04/13/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number  
**65-0399974**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NELSON, JAMES D.  
4092 DAHL DR.  
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

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 fee, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **NELSON, JAMES D.**  
STREET ADDRESS **4092 DAHL DRIVE**  
CITY-ST-ZIP **LAKE WORTH FL**

☐ DELETE

TITLE **VS**  
NAME **NELSON, TERRI J**  
STREET ADDRESS **4092 DAHL DR**  
CITY-ST-ZIP **LAKE WORTH FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 or changed or on an attachment with an address.

SIGNATURE:

*James D Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 2, 1996*  
Date

*407-965-2346*  
Daytime Phone #

CR2E034 (12/95)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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US

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LAKE WORTH FL 33466-6043**

3. Date Incorporated or Qualified <b>10/21/1992</b>	3a. Date of Last Report <b>04/13/1995</b>
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## 2. Principal Place of Business

**2a. Mailing Address**

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip  Country

29 Zip 30 Country

3. Date Incorporated or Qualified <b>10/21/1992</b>		3a. Date of Last Report <b>04/13/1995</b>	
4. FEI Number <b>65-0399974</b>		Applied For	
		Not Applicable	

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<b>6. Election Campaign Financing</b>	<input type="checkbox"/>	<b>\$5.00</b> May Be
Trust Fund Contribution		Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

**g. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

NELSON, JAMES D.  
4092 DAHL DR.  
LAKE WORTH FL 33463

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Submitted: 1 August 2007; Accepted: 12 September 2007; Published: 14 September 2007

the 111th Congress and the 112th Congress.

DAVE

12. OFFICERS AND DIRECTORS

TITLE	DELIVER
NAME	NELSON, JAMES D.
STREET ADDRESS	4092 DAHL DRIVE
CITY - ST - ZIP	LAKE WORTH FL

TITLE	VS	<input type="checkbox"/> DELETE
NAME	NELSON, TERRI J	
STREET ADDRESS	4092 DAHL DR	
CITY, ST, ZIP	LAKE WORTH FL	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> OFFICE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TEL.F	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY, ST, ZIP

3 3 TITLE ☐ Change ☐ Addition  
 3 2 NAME  
 3 1 STREET ADDRESS  
 3 4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY STATE ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY, ST, ZIP

**SIGNATURE:**

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D Nelson

May 2, 1996

407-965-2346

CB2E034 (12/95)