

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J29908

**Entity Name:** PIPER FIRE PROTECTION, INC.**Current Principal Place of Business:**13075 US HWY 19 N  
CLEARWATER, FL 33764**Current Mailing Address:**13075 US HWY 19 N  
CLEARWATER, FL 33764 US**FEI Number:** 59-2780461**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POOLE, ELLEN ESQ  
13075 US HWY 19 N  
CLEARWATER, FL 33764 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JOHNSON, CHRIS  
Address 13075 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

Title CEO  
Name JOHNSON, CHRIS  
Address 13075 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

Title VPD  
Name O'LONE, DON  
Address 13075 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

Title CFO  
Name O'LONE, DON  
Address 13075 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

Title VP  
Name STOEFEEN, MARK  
Address 13075 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

Title COO  
Name STOEFEEN, MARK  
Address 13075 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

Title VPD  
Name JOHNSON, TERRY  
Address 13075 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

Title S  
Name POOLE, ELLEN  
Address 13075 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DON O'LONE****VP****01/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date