

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janea B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000687 (3)

1. Corporation Name

GATEWAY FIRE PROTECTION SYSTEMS, INC.

Principal Place of Business

Main Address

4000 BAUMGARTNER
ST. LOUIS MO 63129

4000 BAUMGARTNER
ST. LOUIS MO 63129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

02/11/1994

2. Principal Place of Mergers

2a. Merging Address

21

26

4. FEI Number

43-1605387

Applied For

Not Applicable

State, Apt #, etc.

State, Apt #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032
Florida Statute Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILHAVY, RICK
10940 177 WAY NORTH
LARGO FL 34648

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 607.04, 607.05, and 607.06, Florida Statutes, the above named corporation adopts 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. Thereby accept the appointment as registered agent. I am familiar with and accept the responsibilities of this new Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type name and print name)

Signature of Registered Agent (Type name and print name)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFF	PC	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILHAVY, DIANE	2. NAME	
STREET ADDRESS	5844 NO. LAKESHORE DRIVE	3. STREET ADDRESS	
CITY & STATE	HILLSBORO MO 63050	4. CITY & STATE	
OFF	DV	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILHAVY, RICKEY P	6. NAME	
STREET ADDRESS	5844 NO. LAKESHORE DRIVE	7. STREET ADDRESS	
CITY & STATE	HILLSBORO MO 63050	8. CITY & STATE	
OFF		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
OFF		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
OFF		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information required with this filing is a true and correct statement and does not qualify for the exemption stated in section 199.032(4)(b), Florida Statutes. I further certify that the information is filed in the State of Florida in compliance with annual report laws and regulations and that my signature satisfies the requirements of Florida Statutes. I further certify that I am an officer or director of the corporation as of the date of preparation of this report as required by Chapter 607, Florida Statutes, and that my name appears in the State of Florida's official journal with an address.

SIGNATURE: *Diane Silhavy* DIANE SILHAVY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (314)892-7622