

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PM 10: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **540213** (6)

1. Corporation Name

**AMERICAN COLONIAL LOCKSMYTHS, INC.**

Principal Place of Business

1550 W. 84 ST.  
SUITE #12  
HALEAH FL 33014  
US

Mailing Address

1550 W. 84 ST.  
SUITE #12  
HALEAH FL 33014  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/02/1977** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-1753284** 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 § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 \_\_\_\_\_ 26 \_\_\_\_\_

2a. Mailing Address

26 \_\_\_\_\_

Suite, Apt. #, etc.

22 \_\_\_\_\_ 27 \_\_\_\_\_

Suite, Apt. #, etc.

City & State

23 \_\_\_\_\_ 28 \_\_\_\_\_

City & State

Zip

24 \_\_\_\_\_ 25 \_\_\_\_\_

Country

Zip

29 \_\_\_\_\_ 30 \_\_\_\_\_

Country

9. Name and Address of Current Registered Agent

**WATTS, JAMES A.  
1550 W. 84TH ST.  
HALEAH FL 33014**

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 title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PO  
WATTS, JAMES A  
1610 SW 98TH TERR  
MIRAMAR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change  Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change  Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change  Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change  Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change  Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change  Addition

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: *JAMES A. WATTS* **JAMES A. WATTS**

*14-27-95*

*05-922-4042*

Date

Telephone #