FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:30

DOCUMENT # **768824** **(5)**

1. Corporation Name

THE PASCO COUNTY SECURITY PATROL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
KEN KEER, PRESIDENT 522 5TH ISLE NORTH PORT RICHEY FL 34668 US	1242 NORMANDY BLVD. HOLIDAY FL 34691-5180 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/09/1983**
3a. Date of Last Report: **03/10/1994**
4. FEI Number: **59-2877014** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

WEST, MILDRED A.
1242 NORMANDY BLVD.
HOLIDAY FL 34691

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KERR, KEN	12 NAME	
STREET ADDRESS	522 5TH ISLE N	13 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	CASE, KEN	22 NAME	
STREET ADDRESS	2526 FENTRESS PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WEST, MILDRED A	32 NAME	
STREET ADDRESS	1242 NORMANDY BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	D TRACY MINKLE ☐ Change ☒ Addition
NAME	PARROTT, DONNA	42 NAME	9533 ANDY DRIVE
STREET ADDRESS	4909 ODYSSEY AVENUE	43 STREET ADDRESS	HUDSON, FL. 34669
CITY-ST-ZIP	HOLIDAY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D JAMES W. STERNIG ☐ Change ☒ Addition
NAME	HOOPS, CHRIS	52 NAME	7531 EMBASSY BLVD
STREET ADDRESS	9817 TRADEWINDS DRIVE	53 STREET ADDRESS	PORT RICHEY, FL. 34668
CITY-ST-ZIP	PORT RICHEY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D GAIL F BOOMAN ☒ Change ☐ Addition
NAME	WHEELER, LEONARD	62 NAME	2360 HELMINE LOOP
STREET ADDRESS	228 FORT MYERS	63 STREET ADDRESS	LAND O' LAKES FL. 34639
CITY-ST-ZIP	ZEPHYRHILLS FL	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mildred A. West · MILDRED A. WEST 3/10/95 813-977-1441
SIGNATURE AND TYPED OR PRINTED NAME OF BONNO OFFICER OR DIRECTOR — Date — Daytime Phone #