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 # **854256** **(5)**

1. Corporation Name

NATION WIDE SECURITY SERVICE, INC.

Principal Place of Business	Mailing Address
23800 W 10 MILE SOUTHFIELD MI 48034	23800 W 10 MILE SOUTHFIELD MI 48034

3. Date Incorporated or Qualified: **10/01/1982**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: **38-2320725** ☐ 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

MILNES, L GEORGE
~~312 NO FLORIDA AVE, UNIT B-104~~ 409 WINDRUSH BAY DR.
TARPON SPRINGS FL 33589

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 409 WINDRUSH BAY DR.

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, ROBERT V.		1.2 NAME		
STREET ADDRESS	1565 SCENIC HOLLOW		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER HILLS MI		1.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILNES, GORDON D		2.2 NAME		
STREET ADDRESS	993 COLDSPRING DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHVILLE MI		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILNES, GORDON D		3.2 NAME		
STREET ADDRESS	993 COLDSPRING DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHVILLE MI		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILNES, GEORGE		4.2 NAME		
STREET ADDRESS	312 N. FLORIDA AVE.		4.3 STREET ADDRESS	409 WINDRUSH BAY DR.	
CITY-ST-ZIP	TARPON SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MICHALSKI, CRAIG		5.2 NAME		
STREET ADDRESS	50149 HEDGEWAY DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SHELBY TOWNSHIP MI		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MONTVILLE, JOHN		6.2 NAME		
STREET ADDRESS	21529 CHASE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NOVI MI		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 if changed, or on an attachment with an address.

SIGNATURE: Richard D Milnes P.P. 4/17/96 810-355-9709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)