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 # **F65824** **(7)**

1. Corporation Name

LIFEGUARD SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
% HOWARD E. FAY 219 CROSS STREET PUNTA GORDA FL 33950	% HOWARD E. FAY 219 CROSS STREET PUNTA GORDA FL 33950

3. Date Incorporated or Qualified: **02/03/1982**
3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-2144788** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FAY, HOWARD E.
219 CROSS STREET
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: JEAN S. FAY
82 Street Address (P.O. Box Number is Not Acceptable): 219 CROSS STREET
83
84 City: PUNTA GORDA **FL** 85 Zip Code: 33950

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Jean S. Fay — JEAN S. FAY — DATE: 3-18-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☒ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	FAY, HOWARD E.		2 NAME		
STREET ADDRESS	25188 MARION AVE D207	DECEASED	3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	1 TITLE	PRESIDENT, SECRETARY/TREAS	☒ Change ☒ Addition
NAME	FAY, JEAN S.		2 NAME		
STREET ADDRESS	~~25188 MARION AVE D207~~		3 STREET ADDRESS	2148 BROAD RANCH DR	
CITY-ST-ZIP	~~PUNTA GORDA FL~~		4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	DST	☒ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	ROLVES, MARIE S.		2 NAME		
STREET ADDRESS	2025 BARKSDALE STREET		3 STREET ADDRESS		
CITY-ST-ZIP	PROT CHARLOTTE FL		4 CITY-ST-ZIP		
TITLE		☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME			2 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean S. Fay — JEAN S. FAY — 3-18-96 — 941-637-7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)