

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

APPROVED
AND
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1996 MAR 29 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H56195 (1)

1. Corporation Name

D & H ALARM & SECURITY, INC.

Principal Place of Business

P O BOX 2000
BUNNELL FL 32110
US

Mailing Address

P O BOX 2000
BUNNELL FL 32110
US

2. Principal Place of Business

2a. Mailing Address

21 1003 E Moody St

26 241 O'Brien Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Bunnell, FL

28 Fern Park, FL

24 Zip

Country

29 Zip

Country

25 32110

25 FLAGLER

29 32730

30 Seminole

9. Name and Address of Current Registered Agent

SAPUPPO, VINCENT
1003 E. MOODY BLVD.
BUNNELL FL 32110

3. Date Incorporated or Qualified

05/09/1985

3a. Date of Last Report

04/19/1995

4. FEI Number

59-2583986

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

10. Name and Address of New Registered Agent

81 Name William H. Morrison

82 Street Address (P.O. Box Number is Not Acceptable)

83 7100 S. Hwy 17-92

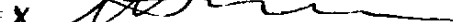
84 City Fern Park

FL

85 Zip Code 32730

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 the applicant.

Typed Name of Registered Agent

William H. Morrison

3/26/96

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SAPUPPO, VINCENT
STREET ADDRESS 10 COLLINGDALE CT.
CITY-ST-ZIP PALM COAST FL

TITLE DST
NAME CATOGGIO, ANTHONY
STREET ADDRESS 28 CROSSBOW CT.
CITY-ST-ZIP PALM COAST FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (407) 339-1252

(Type) (Date)

CR2E034 (12/95)