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

APPROVED AND FILED

1996 MAR 29 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H56195** **(1)**

1. Corporation Name

D & H ALARM & SECURITY, INC.

Principal Place of Business	Mailing Address
P O BOX 2000 BUNNELL FL 32110 US	P O BOX 2000 BUNNELL FL 32110 US

3. Date Incorporated or Qualified: **05/09/1985**

3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21: 1003 E Moody St
22: Suite, Apt. #, etc.
23: City & State: Bunnell, FL
24: Zip: 32110
25: Country: FLAGLER

2a. Mailing Address
26: 241 O'Brien Rd
27: Suite, Apt. #, etc.
28: City & State: Fern Park, FL
29: Zip: 32730
30: Country: Seminole

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: William H. Morrison
82 Street Address (P.O. Box Number is Not Acceptable): 7100 S. Hwy 17-92
83:
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 X _____ William H. Morrison 3/26/96
Signature, type or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAPUPPO, VINCENT		1.2 NAME		
STREET ADDRESS	10 COLLINGDALE CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-ST-ZIP		
TITLE	DST	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CATOGGIO, ANTHONY		2.2 NAME		
STREET ADDRESS	28 CROSSBOW CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	P/S/T/C	☐ Change ☑ Addition
NAME			3.2 NAME	LAWRENCE W. CARROLL, JR	
STREET ADDRESS			3.3 STREET ADDRESS	110 CAMPHOR TREE LN	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

VSP 3/29/96

CR2E034 (12/95)

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: Lawrence W. Carroll, Jr. 3/26/96 (407)339-1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #