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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norheim
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J98337

(5)

1. Corporation Name

NATIONAL ALARM SERVICES, INC.

Principal Place of Business

1218 PARK AVE
STE 4
ORANGE PARK FL 32073
US

Mailing Address

C/O DAVID A. KING, ATTORNEY
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/20/1987

3a. Date of Last Report

03/14/1994

4. FEI Number

59-2903868

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

David A. King

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

Attorney at Law

83

1416 Kingsley Avenue

84 City

Orange Park

FL

85 Zip Code

32073

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 of 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 of New Registered Agent (Required for Change of Registered Agent)

(NOTE: Registered Agent Signature Required when Not Changing)

DATE

1-19-95

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY-ST-ZIP

12.4 NAME

12.5 STREET ADDRESS

12.6 CITY-ST-ZIP

12.7 NAME

12.8 STREET ADDRESS

12.9 CITY-ST-ZIP

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY-ST-ZIP

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY-ST-ZIP

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY-ST-ZIP

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY-ST-ZIP

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 NAME ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 NAME ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 NAME ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 NAME ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 NAME ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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. 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 on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael W. Aston, President

Date

Signature (Printed)

1-19-95