FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S35164 (0)

1. Corporation Name
SECURITY MANAGEMENT OF ORANGE, INC.

Principal Place of Business	Mailing Address
2256 WINTER WOODS BLVD. WINTER PARK FL 32792	2256 WINTER WOODS BLVD. WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1991	3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3055799	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 2250 WINTER WOODS BLVD.	26 2250 WINTER WOODS BLVD.
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 WINTER PARK, FL	City & State 28 WINTER PARK, FL
Zip 24 32792 Country 25 US	Zip 29 32792 Country 30 US

9. Name and Address of Current Registered Agent

VOLENCE, AMANDA T.
2256 WINTER WOODS BLVD.
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2250 WINTER WOODS BLVD.
83
84 City WINTER PARK FL 85 Zip Code 32792

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	[X] Change ☐ Addition
NAME	VOLENCE, AMANDA T.	1 2 NAME	
STREET ADDRESS	2256 WINTER WOODS BLVD.	1 3 STREET ADDRESS	2250 WINTER WOODS BLVD.
CITY ST ZIP	WINTER PARK FL	1 4 CITY ST ZIP	WINTER PARK, FL 32792
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	TOMPKINS, DEREK W.	2 2 NAME	
STREET ADDRESS	2249 TAMERINE STREET	2 3 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	2 4 CITY ST ZIP	
TITLE	STD	3 1 TITLE	☐ Change ☐ Addition
NAME	TOMPKINS, KEVIN W.	3 2 NAME	600001478046
STREET ADDRESS	2249 TAMERINE STREET	3 3 STREET ADDRESS	-05/08/95--01011--008
CITY ST ZIP	WINTER PARK FL	3 4 CITY ST ZIP	****200.00 ****200.00
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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: Amanda T. Volence 4/26/95 (407) 678-7442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048010 CP