

200.00 1-26-95 B-470-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra D. Morman
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JAN 26 PM 4:02

DOCUMENT # S47065 (5)

1. Corporation Name
SECURITY HOLDINGS OF LONDON, INC.

Principal Place of Business Mailing Address

200 CENTRAL AVENUE SUITE 1210 ST. PETERSBURG FL 33701 US

200 CENTRAL AVENUE SUITE 1210 ST. PETERSBURG FL 33701 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/19/1991** 3a. Date of Last Report **09/15/1994**

4. FEI Number **59-3074493** 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

B. Name and Address of Current Registered Agent

GILES, JOEL B.
200 CENTRAL AVENUE
SUITE 1210
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when meeting)

12. OFFICERS AND DIRECTORS

TITLE: **DP**
 NAME: **T. W. HERGESELLE**
 STREET ADDRESS: **3932 BESS ROAD**
 CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: **ST**
 NAME: **T. W. HERGESELLE**
 STREET ADDRESS: **3932 BESS ROAD**
 CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: _____
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 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 Change Addition

1.2 NAME

1.3 STREET ADDR

1.4 CITY-ST-ZIP

2.1 TITLE Addition

2.2 NAME

2.3 STREET ADDR

2.4 CITY-ST-ZIP

3.1 TITLE Addition

3.2 NAME

3.3 STREET ADDR

3.4 CITY-ST-ZIP

4.1 TITLE Addition

4.2 NAME

4.3 STREET ADDR

4.4 CITY-ST-ZIP

5.1 TITLE Addition

5.2 NAME

5.3 STREET ADDR

5.4 CITY-ST-ZIP

6.1 TITLE Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

470 - 489

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 110.07(3)(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; 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: T.W. Hergeselle **T.W. Hergeselle; January 16, 1995; (813) 898-9011**

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Printed)