

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 18, 1999 8:00 am**  
**Secretary of State**

02-18-1999 90058 001 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V00847**

1. Corporation Name  
**VALENTI/COX LOCK AND TECHNICAL SERVICES, INC.**



Principal Place of Business  
 6426 126 AVE N  
 LARGO FL 33773  
 US

Mailing Address  
 1161 KEENE ROAD  
 LARGO FL 33771  
 US

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>01/01/1992</b>  |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-3102032</b>  |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                              |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| COX, DENNIS C<br>1161 KEENE RD<br>LARGO FL 34641 |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | VPS <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | COX, JENNIE                         | 1.2 NAME  |  |
| STREET ADDRESS             | 1161 KEENE RD                       | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LARGO FL 33771                      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PT <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | COX, DENNIS C                       | 2.2 NAME  |  |
| STREET ADDRESS             | 1161 KEENE RD                       | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LARGO FL 33771                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 3.2 NAME  |  |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |  |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 5.2 NAME  |  |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 6.2 NAME  |  |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PROS. 2-2-99 727-54-5802** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (1/1/98)