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DIVISION OF CORPORATIONS

95 JUN - 1 AM 8:56

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000072771 (6)

1. Corporation Name:
ACCESS LOCKSMITH & SECURITY SERVICES, INC.

Principal Place of Business		Mailing Address	
8219 GREENLEAF CIRCLE TAMPA FL 33615		8219 GREENLEAF CIRCLE TAMPA FL 33615	
4025 W. WATERS AVE STE. 103 TAMPA FL 33614		4025 W. WATERS AVE TAMPA STE. 103 FL 33614	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 4025 W. Waters Ave.	26 4025 W. Waters Ave.	09/30/1994	
22 Suite, Apt. #, etc Suite 103	27 Suite, Apt. #, etc Suite 103	4. FEI Number	Applied For
23 TAMPA FL	28 TAMPA FL	59-3289197	Not Applicable
24 Zip 33614	29 Zip 33614	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 N Hillsboro	30 N Hillsboro	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCDOWELL, GENE 4141 W. WATERS AVENUE TAMPA FL 33614			

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent

MCDOWELL, GENE
 4141 W. WATERS AVENUE
 TAMPA FL 33614

3. Date Incorporated or Qualified: 09/30/1994

3a. Date of Last Report: [Blank]

4. FEI Number: 59-3289197

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

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 his / her / its) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHURLOW, RICHARD A
STREET ADDRESS	18118 U.S. HIGHWAY 44 NORTH, #3-A
CITY, ST, ZIP	LUTZ FL 33549
TITLE	D
NAME	VALMA, BOB A
STREET ADDRESS	8219 GREENLEAF CIRCLE
CITY, ST, ZIP	TAMPA FL 33615
TITLE	
NAME	HELEN PARHAM
STREET ADDRESS	10309 PENNYTREE PL
CITY, ST, ZIP	TAMPA FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Shurlow, Richard A.	
13. STREET ADDRESS	4025 W. Waters Ave. Suite 103	
14. CITY, ST, ZIP	TAMPA FL 33614	
2. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Valma, BOB A. President	
23. STREET ADDRESS	4025 W. Waters Ave Suite 103	
24. CITY, ST, ZIP	TAMPA FL 33614	
3. TITLE	Vice President / Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	HELEN PARHAM	
33. STREET ADDRESS	4025 W. WATER AVE. STE. 103	
34. CITY, ST, ZIP	TAMPA FL 33614	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
57. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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)(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: _____ DATE: 5-19-95 (813) 249-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR