

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 513595 (9)
1. Corporation Name
WELLS FARGO GUARD SERVICE INC. OF FLORIDA



Principal Place of Business	Mailing Address
5601 CORPORATE WAY SUITE 310 WEST PALM BEACH FL 33407 US	200 S MICHIGAN AVE CHICAGO IL 60604 US

3. Date Incorporated or Qualified 09/17/1976		3a. Date of Last Report 04/11/1995	
4. FEI Number 22-2128957		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE _____

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	AUGUSTINE, J P	
STREET ADDRESS	1633 LITTLETON RD	
CITY - ST - ZIP	PARSIPPANY NJ	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLIGH, DIANA W	
STREET ADDRESS	3200 S. MICHIGAN AVE.	
	CHICAGO IL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FARRELL, NEAL F.	
STREET ADDRESS	200 S. MICHIGAN AVE.	
CITY - ST - ZIP	CHICAGO IL	

TITLE	AT	<input type="checkbox"/> DELETE
NAME	VELDMAN, SCOTT R	
STREET ADDRESS	200 S MICHIGAN AVE	
CITY - ST - ZIP	CHICAGO IL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WOOD, TIMOTHY W	
STREET ADDRESS	200 S. MICHIGAN AVE.	
CITY - ST - ZIP	CHICAGO IL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	HALL, J P, JR	
STREET ADDRESS	425 ORANGE AVE.	
CITY - ST - ZIP	GREEN COVE SPRINGS FL	

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1	TITLE
2.2	NAME
2.3	STREET ADDRESS
2.4	CITY-ST-ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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O'BRIEN, JOAN D.
200 S MICHIGAN AVE
CHICAGO IL 60601

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-05/03/96--01014--037
***200.00

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5.2

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:

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

Date _____

Daytime FT and N

CR2E034 (12/95)