

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 AUG -5 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S28659** (8)
1. Corporation Name
SECURE ONE PROTECTION SERVICES, INC.

Principal Place of Business P.O. BOX 50692 JACKSONVILLE BEACH FL 32240-0692	Mailing Address P.O. BOX 50692 JACKSONVILLE BEACH FL 32240-0692
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1991	3a. Date of Last Report 02/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 59-3258520	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**SMITH, JAMES J JR
1920 THE WOODS DRIVE
JACKSONVILLE FL 32224**

10. Name and Address of New Registered Agent

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

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	PST <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES J JR	12 NAME	
STREET ADDRESS	1920 THE WOODS DRIVE	13 STREET ADDRESS	258 PINE ST.
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT F	22 NAME	
STREET ADDRESS	1401 11TH AVENUE N	23 STREET ADDRESS	1415 TREE SPLIT LN.
CITY-ST-ZIP	JACKSONVILLE BEACH FL	24 CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	200002263192--1
CITY-ST-ZIP		34 CITY-ST-ZIP	-08/11/97--01077--023
TITLE	<input type="checkbox"/> DELETE	41 TITLE	****165.00 ****165.00
NAME		42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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

CR2E034 (4/97)

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SecureOne™

ADVANCED DETECTION SYSTEMS

July 16, 1997

VIA CERTIFIED MAIL -Z-797-087-241

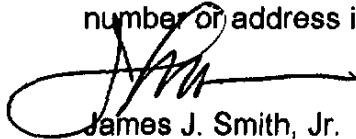
DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P.O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

Our records indicate that check #1844 for \$165.00 to the Department of State, Division of Corporations was generated by our office in January 3, 1997, however it has never cleared our account.

I have completed another annual report, enclosed another check, which should be received by you certified mail.

As registered agent, please contact me personally at the below listed telephone number or address if further discussion on this matter is required.



James J. Smith, Jr.
President
SecureOne Protection Services

Enclosures

JJSjr/rs