SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
9 Sep 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P93000087812 (2)**

1. Corporation Name
FORELINE SECURITY CORPORATION

Principal Place of Business	Mailing Address
8419 SUNSTATE STREET TAMPA FL 33688-0999	P.O. BOX 1968 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1993

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number: 59-3218263 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LENHARDT, MILES L. 3610 W. JOE SANCHEZ RD. PLANT CITY FL 33565	81 Name: Meckley, M. Scott 82 Street Address (P.O. Box Number is Not Acceptable): 2715 W. Jetton Avenue 83 84 City: Tampa FL 85 Zip Code: 33629

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] M. Scott Meckley CFO 9.23.98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVST	☒ DELETE	1.1 TITLE	VTAS	☐ Change ☒ Addition
NAME	LENHART, MILES		1.2 NAME	MECKLEY, M SCOTT	
STREET ADDRESS	9800 REEVES ROAD		1.3 STREET ADDRESS	9800 Reeves Road	
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST-ZIP	Tampa, FL 33619	
TITLE	D	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	SASSER, BILLY G		2.2 NAME	Schorr, Joseph U.	
STREET ADDRESS	9800 REEVES ROAD		2.3 STREET ADDRESS	222 Church Street	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Woodstock, IL 60098	
TITLE	V	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HUGHES, PATRICK J.		3.2 NAME	Reece, Richard	
STREET ADDRESS	3218 STONEYBROOK LANE		3.3 STREET ADDRESS	222 Church Street	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Woodstock, IL 60098	
TITLE	V	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	AUGELLO, MICHAEL		4.2 NAME		
STREET ADDRESS	18006 CLEAR LAKE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KINNEY, BARRY		5.2 NAME		
STREET ADDRESS	18644 AVENUE CAPRI		5.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

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.

SIGNATURE: [signature] M. Scott Meckley 9.23.98 813.626.3191