

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).

9 **FILED**
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
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DOCUMENT # P93000087812 (2)
1. Corporation Name

FORELINE SECURITY CORPORATION



Principal Place of Business
**8419 SUNSTATE STREET
TAMPA FL 33688-0999**

Mailing Address
**P.O. BOX 1968
TAMPA FL 33601**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3218263	Applied For ☐ Not Applicable ☐
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

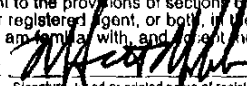
9. Name and Address of Current Registered Agent

**LENHARDT, MILES L.
3610 W. JOE SANCHEZ RD.
PLANT CITY FL 33565**

10. Name and Address of New Registered Agent

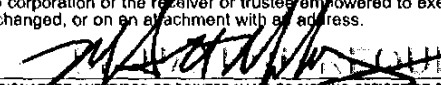
81 Name **Meckley, M. Scott**
82 Street Address (P.O. Box Number is Not Acceptable)
2715 W. Jetton Avenue
83
84 City **Tampa** FL 85 Zip Code **33629**

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 607.0605, Florida Statutes.

SIGNATURE  **M. Scott Meckley** **CFD** **9-23-98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	OVST	☒ 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	Schoer, 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			

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:  **M. Scott Meckley** **9-23-98** **913-626-3191**

CR2E034 (5/98)