

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001197

**Entity Name:** BLUE RIDGE SECURITY SYSTEM, INC.

**Current Principal Place of Business:**

1212 NORTH FANT STREET  
ANDERSON, SC 29622

**Current Mailing Address:**

POST OFFICE BOX 743  
ANDERSON, SC 29622

**FEI Number: 58-2300805**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name DODGENS, JIMMY L  
Address 140 E.P. MCDANIEL ROAD  
City-State-Zip: PICKENS SC 29671

Title D  
Name DAVIS, JOEL  
Address 12245 SOUTH HIGHWAY 11  
City-State-Zip: WESTMINSTER SC 29693

Title STD  
Name ELROD, WILLIAM  
Address 284 LEWIS RD  
City-State-Zip: SALEM SC 29676

Title P  
Name DALTON, CHARLES E  
Address POST OFFICE BOX 277  
City-State-Zip: PICKENS SC 29671

Title V  
Name LOVINGGOOD, JAMES L  
Address 1212 NORTH FANT STREET  
City-State-Zip: ANDERSON SC 29622

Title D  
Name HAMM, STEVEN W  
Address 1900 BARNWELL STREET  
City-State-Zip: COLUMBIA SC 29201

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES LOVINGGOOD**

**GM**

**03/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date