

2016 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 L LOVINGGOOD

GENERAL MANAGER

05/02/2016

Electronic Signature of Signing Officer/Director Detail

Date