

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 123500 (1)
 1. Corporation Name
VOLUNTEER SECURITY COMPANY INC



Principal Place of Business 804 SOUTH EDISON AVENUE TAMPA FL 33606	Mailing Address 804 SOUTH EDISON AVENUE TAMPA FL 33606
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/01/1930	3a. Date of Last Report 08/11/1995
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	4. FEI Number 59-6068696	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PAID	

9. Name and Address of Current Registered Agent

**FRAZIER, EDWARD H.
804 SOUTH EDISON AVENUE
TAMPA FL 33606**

10. Name and Address of New Registered Agent

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

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 *Edward H. Frazier* DATE **6/29/96**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRASIER, EDWARD H.	
STREET ADDRESS	804 SOUTH EDISON AVENUE	
CITY - ST - ZIP	TAMPA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WIGLEY, ELOISE F.	
STREET ADDRESS	138 N.E. 19TH COURT	
CITY - ST - ZIP	FT. LAUDERDALE FL	DECEASED
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY - ST - ZIP		
2.1. TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2. NAME	EDWARD H. FRAZIER	
2.3. STREET ADDRESS	804 S. EDISON AVE	
2.4. CITY - ST - ZIP	TAMPA, FL 33606	
3.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME		
3.3. STREET ADDRESS		
3.4. CITY - ST - ZIP		
4.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME		
4.3. STREET ADDRESS		
4.4. CITY - ST - ZIP		
5.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME		
5.3. STREET ADDRESS		
5.4. CITY - ST - ZIP		
6.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME		
6.3. STREET ADDRESS		
6.4. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward H. Frazier* DATE: **6/29/96** (813) 251-4587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (3/96)