

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33606-2919
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2. Principal Place of Business 21 <u>SAME</u>	2a. Mailing Address 26 <u>SAME</u>	3. Date Incorporated or Qualified 09/01/1930	3a. Date of Last Report 08/02/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-6068696	Applied For <input type="checkbox"/> Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAZIER, EDWARD H.		1.2 NAME	
STREET ADDRESS 804 SOUTH EDISON AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAZIER, EDWARD		2.2 NAME	
STREET ADDRESS 804 S EDISON AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE FRAZIER, ALAN	<input type="checkbox"/> DELETE	3.1 TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRAZIER, ALAN		3.2 NAME FRAAZIER, ALAN	
STREET ADDRESS		3.3 STREET ADDRESS 804 S. EDISON AVE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP TAMPA, FL 33606	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Edward H Frazier* **EDWARD H FRAZIER** (813) 251-4597

CR2E034 (9/96)