

**FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00**

**APPROVED  
AND  
FILED**

55 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **453630** (6)  
1. Corporation Name  
**VOLT-GUARD, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**400 23 STREET SOUTH ST. PETERSBURG FL 33712** **400 23 STREET SOUTH ST. PETERSBURG FL 33712**

3. Date Incorporated or Qualified **05/23/1974** 3a. Date of Last Report **08/23/1994**  
4. FEI Number **59-1555011** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BARNES, MARIA  
1995 BELLEAIR ROAD  
CLEARWATER FL 33516**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------|---|---|
| TITLE                      | PD                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARNES, MARIA      | 1.2 NAME  |   |
| STREET ADDRESS             | 1995 BELLEAIR ROAD | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | CLEARWATER FL      | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 2.2 NAME  |   |
| STREET ADDRESS             |                    | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                    | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 3.2 NAME  |   |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                    | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                    | 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                      |                    | 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                      |                    | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 conduct the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or on an amendment with an address.

SIGNATURE: *Maria Barnes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR