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

FILED May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 476662 AMERICAN SECURITY, INC. Marling Address Principal Place of Business 103 HOLLYWOOD BLVD., N.W. 103 HOLLYWOOD BLVD., N.W. FT. WALTON BCH. FL 32548 FT. WALTON BCH. FL 32548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1975 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1608571 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MC DANIELS, CHARLES E. 81 103 HOLLYWOOD BLVD., N.W. Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BCH. FL 32548 83 Zip Code forida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0505, Florida Statutes. 11. Pursuant to the provisions of Charles <u>27 April 1998</u> (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS Change Addition ☐ DELETE 1 1 TITLE TITLE MCDANIELS, CHARLES E NAME 1.2 NAME 103 HOLLYWOOD BLVD., NW STREET ADDRESS 1.3 STREET ADDRESS **FORT WALTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP __ Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE __ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ___ Change 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

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STREET ADDRESS

Block 12 or Blog

14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental officer or director of the compation of the

6.4 CITY ST-ZIP

The first stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an appear to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in