

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90143 030 ***150.00

DOCUMENT # 476662

1. Corporation Name
AMERICAN SECURITY, INC.



Principal Place of Business
103 HOLLYWOOD BLVD., N.W.
FT. WALTON BCH. FL 32548

Mailing Address
103 HOLLYWOOD BLVD., N.W.
FT. WALTON BCH. FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1975

4. FEI Number
59-1608571

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 103 Hollywood Blvd N.W.
Suite, Apt. #, etc.

23 City & State

27 Suite B
28 Fort Walton Bch, FL

24 Zip Country

29 32548 30 Okaloosa

9. Name and Address of Current Registered Agent

MC DANIELS, CHARLES E.
103 HOLLYWOOD BLVD., N.W.
FT. WALTON BCH. FL 32548

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating

04-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME MCDANIELS, CHARLES E
STREET ADDRESS 103 HOLLYWOOD BLVD., NW
CITY-ST-ZIP FORT WALTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TSD ☒ Change ☐ Addition
1.2 NAME Mc Daniels, Charles E
1.3 STREET ADDRESS 103 Hollywood Blvd. N.W Suite B
1.4 CITY-ST-ZIP Fort Walton Bch. FL 32548

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME Marie- Helene Mc Daniels
2.3 STREET ADDRESS 103 Hollywood Blvd. N.W. Suite B
2.4 CITY-ST-ZIP Fort Walton Beach, FL 32548

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Charles E. McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-99 (850) 243-7749

Date

Daytime Phone #

CR2E034 (11/98)