FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 29 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S19172

1. Corporation Name

MICHAEL SAUNDERS SECURITY CORP.

Principal Place of Business	Mailing Address
61 S. BLVD. OF PRESIDENTS SARASOTA, FL 34236	61 S. BLVD. OF PRESIDENTS SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1976	3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1706377	☐ 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 1801 MAIN STREET	26 1801 MAIN STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA, FL	28 City & State: SARASOTA, FL
24 Zip: 34236 25 Country: USA	29 Zip: 34236 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EISEMAN, SAUL 1801 MAIN STREET SARASOTA, FL 34236	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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	P/D ☒ Change ☐ Addition
NAME	LYNN, MICHAEL	12 NAME	SAUNDERS, MICHAEL
STREET ADDRESS	1801 MAIN STREET	13 STREET ADDRESS	1801 MAIN STREET
CITY ST ZIP	SARASOTA, FL 34236	14 CITY ST ZIP	SARASOTA, FL 34236
TITLE	S/T/D	21 TITLE	☐ Change ☐ Addition
NAME	EISEMAN, SAUL	22 NAME	
STREET ADDRESS	1801 MAIN STREET	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA, FL 34236	24 CITY ST ZIP	
TITLE	D/V/P	31 TITLE	D ☒ Change ☐ Addition
NAME	BARRETT, LINDA	32 NAME	BARRETT, LINDA
STREET ADDRESS	1801 MAIN STREET	33 STREET ADDRESS	1801 MAIN STREET
CITY ST ZIP	SARASOTA, FL 34236	34 CITY ST ZIP	SARASOTA, FL 34236
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

800001444558
-03/31/95--01019--008
****200.75 ****208.75

CH

14. I do hereby certify that the information supplied with this filing is valid and 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.

SAUL EISEMAN

SIGNATURE: _____ 3/17/95 813/951-6600

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #