

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 570781 (5)

1. Corporation Name

EMG ALARM SPECIALIST CORPORATION



Principal Place of Business

Mailing Address

1375 EAST AVENUE, NORTH
SARASOTA FL 34237

1375 EAST AVENUE, NORTH
SARASOTA FL 34237

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KEEFE, ROBERT J.
1375 EAST AVENUE NORTH
SARASOTA FL 33577

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/02/1978

3a. Date of Last Report

04/26/1995

4. FEI Number

59-1815588

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

10. Name and Address of New Registered Agent

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 any)

(If State of Florida Agent, signature is required when not standing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME KEEFE, ROBERT J.
STREET ADDRESS 1375 E. AVE. NORTH
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ DELETE

NAME KEEFE, ROBERT J., JR.
STREET ADDRESS 13611 3RD AVE E
CITY-ST-ZIP BRADENTON FL

TITLE ST ☐ DELETE

NAME SPIKER, MARILYN M.
STREET ADDRESS 1710 LENA LANE
CITY-ST-ZIP SARASOTA 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

1. TITLE ☐ Change ☐ Addition

1.1 NAME
1.2 STREET ADDRESS
1.3 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2.1 NAME
2.2 STREET ADDRESS
2.3 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3.1 NAME
3.2 STREET ADDRESS
3.3 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4.1 NAME
4.2 STREET ADDRESS
4.3 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5.1 NAME
5.2 STREET ADDRESS
5.3 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6.1 NAME
6.2 STREET ADDRESS
6.3 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)(k), 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:

Marilyn M. Spiker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marilyn M. Spiker

04/04/96

Date

941-336-9130

Daytime Phone #

CR2E034 (12/95)