

**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 # 657239 (0)**

1. Corporation Name

**SECURITY EQUIPMENT COMPANY, INC.**



Principal Place of Business

Mailing Address

**3439 HIGHWAY 77  
PANAMA CITY FL 32405**

**3439 HIGHWAY 77  
PANAMA CITY FL 32405**

2. Principal Place of Business

2a. Mailing Address

21 **798 Airport Rd**

26 **798 Airport Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **PANAMA City**

28 **PANAMA City**

Zip Country

Zip Country

24 **32405**

25

29 **32405**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCLAIN, HENRY H., III  
3439 HIGHWAY 77  
PANAMA CITY FL 32405**

81 Name

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

**798 Airport Rd**

83

84 City **PANAMA City**

**FL**

85 Zip Code **32405**

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 of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>FRALICK, ALFRED N</b>	
STREET ADDRESS	<b>8211 HIGH POINT RD.</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MCCLAIN, HENRY H. III</b>	
STREET ADDRESS	<b>4306 GREENLEAF CIRCLE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>MCCLAIN, NORMA W.</b>	
STREET ADDRESS	<b>4306 GREENLEAF CIRCLE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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:

*Henry H. III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-19-96**

Date

Daytime Phone #

CR2E034 (12/95)