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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 679768 (2)

1. Corporation Name TRI STATE SECURITY PATROL, INC.



Principal Place of Business: **P.O. BOX 438 PANACEA FL 32346**
 Mailing Address: **P.O. BOX 438 PANACEA FL 32346-0438**

3. Date Incorporated or Qualified: **07/25/1980**
 3a. Date of Last Report: **04/17/1996**
 4. FEI Number: **59-2068599**
 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
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. 25. 26. 27. 28. 29. 30.

**POOLE, LARRY M
 11 ELENOR DR.
 PANACEA FL 32346**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
 1. TITLE: **PDST** DELETE
 2. NAME: **POOLE, LARRY M**
 3. STREET ADDRESS: **11 ELENOR DR.**
 4. CITY - ST - ZIP: **PANACEA FL**
 5. TITLE: DELETE
 6. NAME:
 7. STREET ADDRESS:
 8. CITY - ST - ZIP:
 9. TITLE: DELETE
 10. NAME:
 11. STREET ADDRESS:
 12. CITY - ST - ZIP:
 13. TITLE: DELETE
 14. NAME:
 15. STREET ADDRESS:
 16. CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1. TITLE: Change Addition
 2. NAME:
 3. STREET ADDRESS:
 4. CITY - ST - ZIP:
 5. TITLE: Change Addition
 6. NAME:
 7. STREET ADDRESS:
 8. CITY - ST - ZIP:
 9. TITLE: Change Addition
 10. NAME:
 11. STREET ADDRESS:
 12. CITY - ST - ZIP:
 13. TITLE: Change Addition
 14. NAME:
 15. STREET ADDRESS:
 16. CITY - ST - ZIP:

14. I do 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.

SIGNATURE: *Larry M. Poole* 1-10-97 984-5444
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)