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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 698771

(3)

A-1 LOCKSMITH, INC.

Principal Place of Business 625 8. WASHINGTON AVE. TITUSVILLE FL 32796

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

22

Mailing Address

2a. Mailing Address

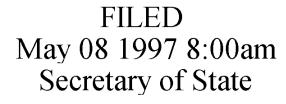
SINKANATA ELEKULITO

Suite, Apt. #, etc.

26

27

625 S. WASHINGTON AVE. TITUSVILLE FL 32796-7653





3. Date Incorporated or Qualified

08/13/1981

59-2128661

5. Certificate of Status Desired

4/20/97

407-269-5522

4. FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

08/05/1996

City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees			
Zíp	Country	Zip	Coun	itry		8. This corporation has liability for intangi	ble tax under s.	199.032,	
24	25 29 30		30			Florida Statutes 🔲 Yes 🐧 No			
Name and Address of Current Registered Agent     10. Name and Addres							ed Agent		
NICHULS, LARRY E.				B1	Name				
				82	Street Addre	oss (P.O. Box Number is Not Acceptable)			
TITUSVILLE FL 32799							·		
				83					
			) i	84	City		. 85 Zip (	Code	
						F	L 03 210 C		
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 agen			Agent	signature require	d when reinstaing) DATE ADDITIONS/CHANGES TO OFFICERS A			
12.	OFFICERS AND	DELETE	13. 1110L			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	NICHOLS, LARRY E.						L_J Unange	L_] Adollion	
STREET ADDRESS	1686 SARATOGA DR.	B	1.2 NAME 1.3 STREET ADDRESS				<u> </u>		
	TITUSVILLE FL								
CITY-ST-ZIP TITLE	SD SD	DELETE	1.4 CITY 2.1 TUIL		ZIP'		Change	Addition	
NAME	NICHOLS, JACQUELINE A.	Last Detection	2.2 NAME		- 1		E j Onlange	[	
STREET ADDRESS	1686 SARATOGA DR.		2.2 NAR		ADDECC				
CITY-ST-ZIP	model (Ant. at. a. ad. att.			Y-SI-	ì	5 x			
TITLE	11/00/1000 1 0	DELETE	3.1 T TL				Change	Addition	
NAME			3.2 NAM	ΝE	Ì		-		
STREET ADDRESS			3.3 \$18	EET AC	DRESS				
CITY-ST-ZIP			3.4. Ci1	Y-\$1-	ZIP				
TITLE	DELETE 4.11			.F			Change	[ ] Addition	
NAME			4 2 NA	ME	-	:			
STREET ADDRESS			4.3 \$TR	EET AD	DDRESS			ļ	
CITY-ST-ZIP			4.4 ÇITY	Y-\$1	ZIP				
TITLE		☐ DELETE	5.1 <b>†</b> 11 L	.F			Change	Addition	
NAME			5.2 NAN	νtέ					
STREET ADDRESS			5.3 <b>\$</b> TR	EE1 AC	DORESS			}	
CITY-ST-ZIP			5.4 CITY	Y-81-	ZIP				
TITLE		☐ DELETE	61 TITL	.E			Change	Addition	
NAME			6.2 NAM	ΛE	{			1	
STREET ADDRESS			6.3 STR	EET AC	ODRESS				
CITY-ST-ZIP			6.4 0(1)						
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 offect as if made under eath; 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.									