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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736383 (1)

1. Corporation Name
ALARM ASSOCIATION OF FLORIDA, INC.



Principal Place of Business 1349 EAST LAFAYETTE SST TALLAHASSEE FL 32301 US	Mailing Address 1349 EAST LAFAYETTE ST TALLAHOSSEE FL 32301 US
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3. Date Incorporated or Qualified
07/12/1976

4. FEI Number
59-1877381

Applied For	
Not Applicable	

21. Principal Place of Business 1710 S. Gadsden St. Suite, Apt. #, etc.	22. Mailing Address 1710 S. Gadsden St. Suite, Apt. #, etc.
23. City & State Tallahassee FL	24. City & State Tallahassee FL
25. Zip 32301	26. Country USA
27. Zip 32301	28. Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BURK, JUDE A.
 1349 EAST LAFAYETTE STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name **Crum, Edie M.**

82. Street Address (P.O. Box Number is Not Acceptable)
1710 S. Gadsden St.

83. City **Tallahassee** FL 85. Zip Code **32301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Edie M. Crum* **Edie M. Crum** **4/30/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HUDGINS, HARVEY	
STREET ADDRESS	3027 PLYMOUTH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THODEY, CLYDE JR	
STREET ADDRESS	683 SOUTH PLUMOSA STREET	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIMS, DAVID	
STREET ADDRESS	420 NORTH DUVAL STREET	
CITY-ST-ZIP	TALLAASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POLLACK, ROY	
STREET ADDRESS	208 NE 3RD ST	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vauchler, Ray	
1.3 STREET ADDRESS	4900 Seminole Blvd	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33708	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thodey, Clyde Jr	
2.3 STREET ADDRESS	675 Alexander Dr.	
2.4 CITY-ST-ZIP	Merritt Island, FL 32952	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Edie M. Crum* **Edie M. Crum** **4/30/98** **(850) 521-0333**

CR2E037 (10/97)