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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748183 (1)

1. Corporation Name

EMBASSY HILLS SECURITY PATROL, INC.

Principal Place of Business

9509 PALM AVENUE
PORT RICHEY FL 34668

Mailing Address

9509 PALM AVENUE
PORT RICHEY FL 34668-48473. Date Incorporated or Qualified
07/24/19793a. Date of Last Report
01/31/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

4. FEI Number

59-1931586

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

CARL T. MEARS

82

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

8810 LIDO LN

83

84

City

PORT RICHEY

FL

85

Zip Code

34668

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

Carl T. Mears, Treasurer

2/25/97

(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	PD	<input type="checkbox"/> DELETE
NAME	DOBERSTYN, RUTH C	
STREET ADDRESS	7315 EMBASSY BLVD.	
CITY - ST - ZIP	PT RICHEY FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DELANEY, ROBERT	
STREET ADDRESS	7421 MORAVIAN DR.	
CITY - ST - ZIP	PT. RICHEY FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	O'DAY, JAMES	
STREET ADDRESS	7116 GAY DR.	
CITY - ST - ZIP	PT. RICHEY FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRUBE, CAROL E.	
STREET ADDRESS	9129 CLAIR DR.	
CITY - ST - ZIP	PT RICHEY FL	

TITLE	RS	<input type="checkbox"/> DELETE
NAME	LODALBO, HELEN	
STREET ADDRESS	7216 SAN MORITZ DR.	
CITY - ST - ZIP	PT RICHEY FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PEEL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GAYLE RIDER	
1.3 STREET ADDRESS	7131 IVANHOE DR	
1.4 CITY - ST - ZIP	PORT RICHEY, FL 34666	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	N/A	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARL T. MEARS	
3.3 STREET ADDRESS	8810 LIDO LN	
3.4 CITY - ST - ZIP	PORT RICHEY FL 34668	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GERALD PRICE	
5.3 STREET ADDRESS	4221 COGNISE LA.	
5.4 CITY - ST - ZIP	PORT RICHEY FL 34668	

6.1 TITLE	DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JAMES O'DAY	
6.3 STREET ADDRESS	7116 GAY DR	
6.4 CITY - ST - ZIP	PORT RICHEY FL 34668	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carl T. Mears, Treasurer CARL T. MEARS 2/25/97 (813) 844-0658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 00000000

CR2E037 (9/96)