FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 27 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

(1)

1. Corporation Name												
EMBASSY HILLS SECURITY PATROL, INC.												
Principal Place of Business Mailing Address								{ 100				
8509 PALM AVENUE 8509 PALM AVENUE												
PORT RICHEY FL 34668 PORT RICHEY FL 34668								3. Date Incorporated or Qualified	İ			
								07/24/1979 4. FEI Number	<u>-</u>		pplied For	
								59-1931586			ot Applicable	
2. Principal Place of Business 2a. Mallin				ing Address							Additional	
21			26					5. Certificate of Status Desired			lequired	
Sulte, Apt.	#, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing	·	\$5.00		
22 City & State	ie		27 City & Ste	City & State				Trust Fund Contribution	<u> </u>	Added to		
23	•		28	— '				7. Is this nonprofit corporation a homeowners association?				
Zip			Zip	_ 		y	8. This corporation owes or				tangible	
24	25		29					Personal Property Tax due Jun	ъе 30. [Yes [No.	
· · · · · · · · · · · · · · · · · · ·	9. Name	and Address of Cur	rrent Registered Ager	nt		T		10. Name and Address of New R	egistered	Agent		
485400	2121 -				81	Name	,					
	, CARL T						Addres	Address (P.O. Box Number is Not Acceptable)				
8810 LIDO LANE PORT RICHEY FL 34668					83	1						
runi n	MUNCIFE.	34000				ļ <u>.</u>						
					84	City		B5 Zip Code				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida.						e-named	Corpor	ration submits this statement for the		f changing i	its registered	
office or r agent. I a	egistered ag ım familiar w	gent, or both, in the Strith, and accept the of	tate of Florida. Such ch bligations of, Section 6	nange was a 317.0503, Fk	authorized by orida Statute	y the cor s.	poration	n's board of directors. I hereby acce	opt the app	pointment as	registered	
SIGNATURE												
12.	Signature, typed	d or printed name of registered		(NOT	TE: Registered Age	ent signature	e required		DATE			
TITLE	OFFICERS AN		AND DIRECTORS	DELETE		13.		ADDITIONS/CHANGES TO OFFI	CERS ANL	D DIRECTOR Change	RS (N 12	
NAME	RIDER,	GAYLE		12 N			5.	WARRESTYN		CE CHANGO	L Addition	
STREET ADDRESS		ANHOE DR				T ADDRESS	PRESIDENT DE RUTH DOBERSTYN 1315EMBASY BLUD					
CITY-ST-ZIP		RICHEY FL		1.40			Pop	PORT RICHEY, PL 34668				
TITLE	T			DELETE	2.1 TITLE		1 - 4	1 Produced ATT: A Manager -		Change	Addition	
NAME	MEARS, CARL T			2.2 N						_		
STREET ADDRESS		DO LANE		2.3 \$		TREET ADDRESS		c				
C/TY-ST-ZIP		RICHEY FL			2. 4 CITY-5	ST-ZIP			· 			
TITLE	SD.	1.T		DELETE	3.1 TITLE					Change	Addition	
NAME	GRUBE, CAROL E.				3.2 NAME							
STREET ADDRESS		LAIR DR.			3.3 STREET							
CITY-ST-ZIP TITLE	PT RICH	IEY FL		herete.	3.4. CITY - S	ST-ZIP	├ ──			T Channe	1 4 44101	
NAME	RS PRICE	GERALD	u) delete	4.1 TITLE		ļ			☐ Change	☐ Addition	
STREET ADDRESS		OCHISE LANE			4. 2 NAME 4.3 STREET							
CITY-ST-ZIP		ACHEY FL										
TITLE	D	IOTICITE		DELETE	4.4 CITY - S 5.1 TITLE	I-ZIP	+			Change	Addition	
NAME	O'DAY,	JAMES			5.2 NAME					THE ALWEIGH		
STREET ADDRESS	7116 CA				5.3 STREET	ADDRESS						
CITY-ST-ZIP		NCHEY FL			5.4 CITY-S		ł					
TITLE		<u> </u>		DELETE	61 TITLE	, <u>.</u>				☐ Change	☐ Addition	
NAME					6.2 NAME						_	
STREET ADDRESS					6.3 STREET	ADDRESS						

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.

6.4 CITY-ST-ZIP