

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748869 (5)

1. Corporation Name

REGENCY PARK SECURITY PATROL, INC.



Principal Place of Business

**10240 REGENCY PARK BLVD.
PT. RICHEY FL 34668
US**

Mailing Address

**10240 REGENCY PARK BLVD.
PORT RICHEY FL 34668**

3. Date Incorporated or Qualified
09/11/1979

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRICK, PETER O
1511 REGENCY PARK BLVD
PORT RICHEY FL 33568**

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 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	BLAND, VIRGIL (10032 BRANDYWINE LN	PT. RICHEY FL	<input type="checkbox"/>
VP	ECKERT, RICHARD	7134-KING ARTHUR DR.	PT RICHEY FL	<input checked="" type="checkbox"/>
SD	DOBIS, JEAN	7614 FOX HOLLOW DR	PORT RICHEY FL	<input type="checkbox"/>
TD	GRAHAM, EDWARD B.	7335 WESTCOTT DRIVE	PORT RICHEY, FL 00000	<input type="checkbox"/>
D	BUTLER, BETTY	7308 OAKCREST DRIVE	PORT RICHEY FL	<input type="checkbox"/>
D	LAMY, MARIE	9213 BINNACLE DRIVE	PORT RICHEY FL	<input checked="" type="checkbox"/>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*V.P. HENRY POLZ
10100 - Cherry Creek Lane
Port Richey, FL 34668*

*D. HENRY KACZOROWSKI
9615 - RAINBOW LANE
Port Richey, FL 34668*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Edward B Graham Treasurer 4-8-96 842-1911*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deafline Phone #

CR2E037 (12/95)