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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34668-3738



3. Date Incorporated or Qualified
09/11/1979

3a. Date of Last Report
04/15/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLAND, VIRGIL (
STREET ADDRESS	10032 BRANDYWINE LN	
CITY - ST - ZIP	PT. RICHEY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	POLZ, HENRY	
STREET ADDRESS	10100 CHERRY CREEK LN	
CITY - ST - ZIP	PT RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOBIS, JEAN	
STREET ADDRESS	7614 FOX HOLLOW DR	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRAHAM, EDWARD B.	
STREET ADDRESS	7335 WESTCOTT DRIVE	
CITY - ST - ZIP	PORT RICHEY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, BETTY	
STREET ADDRESS	7306 OAKCREST DRIVE	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KACZOROWSKI, HENRY	
STREET ADDRESS	9615 RAINBOW LN	
CITY - ST - ZIP	PT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Edward B. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97 813-
842-1911

CR2E037 (9/96)