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Feb 23 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 # 760722 (9)

1. Corporation Name
SPRING HILL ALERT RESIDENTS PATROL, INC.



Principal Place of Business PO BOX 3422 SPRING HILL FL 34606	Mailing Address PO BOX 3422 SPRING HILL FL 34606
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3. Date Incorporated or Qualified 11/16/1981		
4. FEI Number 59-2296977	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**FRED KOEHLI
1208 KENLAKE AVE.
SPRINGHILL FL 34606**

10. Name and Address of New Registered Agent

81 Name David Heitz	
82 Street Address (P.O. Box Number is Not Acceptable) 1208 Kenlake Avenue	
83	
84 City Spring Hill	85 Zip Code FL 34608

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 *David Heitz* **President** **February 16, 1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME KOEHLI, FRED	DELETED <input type="checkbox"/>
STREET ADDRESS 1208 KENLAKE AVE.	CITY-ST-ZIP SPRING HILL FL	
TITLE VD	NAME GALLETTA, SEBASTIAN	DELETED <input type="checkbox"/>
STREET ADDRESS 4162 EVERETT AVE.	CITY-ST-ZIP SPRING HILL FL	
TITLE SD	NAME BURRY, GEORGETTE T.	DELETED <input type="checkbox"/>
STREET ADDRESS 9189 ELIDA RD.	CITY-ST-ZIP SPRING HILL FL	
TITLE TD	NAME AKERS, GWEN L.	DELETED <input type="checkbox"/>
STREET ADDRESS 11509 SPRINGHILL DR.	CITY-ST-ZIP SPRINGHILL FL	
TITLE D	NAME LINDHORST, DALE	DELETED <input type="checkbox"/>
STREET ADDRESS 6143 PINEHURST DRIVE	CITY-ST-ZIP SPRINGHILL FL	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	NAME Heitz, David P.	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
1.2 STREET ADDRESS 109 Dawson Avenue	1.3 CITY-ST-ZIP Spring Hill, Fla. 34606		
2.1 TITLE VP	NAME Myers, Helen	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
2.2 STREET ADDRESS 6410 Talbot Circle	2.3 CITY-ST-ZIP Spring Hill, Fla. 34606		
3.1 TITLE SD	NAME Burry, Georgette T.	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
3.2 STREET ADDRESS 9189 Elida Road	3.3 CITY-ST-ZIP Spring Hill, Fla. 34606		
4.1 TITLE TD	NAME Akers, Gwen L.	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
4.2 STREET ADDRESS 11509 Springhill Drive	4.3 CITY-ST-ZIP Spring Hill, Fla. 34609		
5.1 TITLE D	NAME Kohler, Daniel	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
5.2 STREET ADDRESS 12476 Agatha Lane	5.3 CITY-ST-ZIP Spring Hill, Fla. 34609		
6.1 TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
6.2 STREET ADDRESS	6.3 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: *David Heitz* **1/30/98** (352) 684-5931

CP2E037 (10/97)