FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 10 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768560 (5)

1. Corporation Name

CREST RIDGE GARDENS SECURITY PATROL, INC.

Principal Place of Business	Mailing Address
4806 - 4808 PHOENIX AVENUE HOLIDAY FL 34690	4806 - 4808 PHOENIX AVENUE HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/20/1983	03/18/1994

4. FEI Number: 59-2260171 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

KERN, RICHARD A.
4935 VISION AVNEUE
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	KERN, RICHARD A.	1.2 NAME		
STREET ADDRESS	4935 VISION AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34690	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	BUERGER, JERRY LEE	2.2 NAME		
STREET ADDRESS	1543 SENTINEL STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34690	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	GOTTLICH, MARJORIE J	3.2 NAME	SANDERS, MILDRED	
STREET ADDRESS	5039 GENESIS AVE	3.3 STREET ADDRESS	4844 MIRAGE AVE	
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	S	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	KERN, JOYCE	4.2 NAME		
STREET ADDRESS	4935 VISION AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34690	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	POVLINKO, JOSEPH	5.2 NAME		
STREET ADDRESS	1534 TOLEDO ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34690	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☒ Addition
NAME	MC GEE, ALLEN	6.2 NAME		
STREET ADDRESS	1447 LANDAU STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	6.4 CITY-ST-ZIP	HOLIDAY FL 34690	

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: RICHARD A KERN Richard A Kern 1-17-95 (813)937-1036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068420