FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **848610** **(2)**

1. Corporation Name

MURRAY'S PERSONAL PROTECTION SHRIEK ALARM, INCOR PORATED

Principal Place of Business: 2901 BONITA DR, MOBILE AL 36606

Mailing Address: 2901 BONITA DR, MOBILE AL 36606

3. Date Incorporated or Qualified: 03/25/1981
3a. Date of Last Report: 02/02/1995
4. FEI Number: 63-0753331 ☐ 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 SAME; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country

2a. Mailing Address: 26 SAME; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

9. Name and Address of Current Registered Agent

NIXON, TARY L.
224 E. INTENDENCIA STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: SAME
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 617.0502, 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 ______

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	GOLOMB, MURRAY	
STREET ADDRESS	2901 BONITA DR.	
CITY-ST-ZIP	MOBILE AL	
TITLE	VD	☐ DELETE
NAME	GOLOMB, TODD W.	
STREET ADDRESS	2901 BONITA DR.	
CITY-ST-ZIP	MOBILE AL	
TITLE	SD	☐ DELETE
NAME	GOLOMB, NORMA	
STREET ADDRESS	2901 BONITA DR.	
CITY-ST-ZIP	MOBILE AL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MURRAY GOLOMB, PRESIDENT — 1/18/96 — (334) 479 4687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR