

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F19354 (2)

1. Corporation Name

PERRY PROTECTION SERVICES, INC.

Principal Place of Business

2330 SHAWNEE MISSION PKWY.
WESTWOOD KS 66205
US

Mailing Address

2330 SHAWNEE MISSION PKWY.
WESTWOOD KS 66205
US



3. Date Incorporated or Qualified
02/12/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 903 E. 104th Street
27 Suite, Apt. #, etc.
28 Mailstop: MOKCMW0609
29 City & State
30 Kansas City, mo
31 Zip Country
32 64131 USA

4. FEI Number
59-2099748

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, DON A	1.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKWY	1.3 STREET ADDRESS	
CITY-STATE-ZIP	WESTWOOD KS	1.4 CITY-STATE-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, MICHAEL T	2.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKWY	2.3 STREET ADDRESS	
CITY-STATE-ZIP	WESTWOOD KS 66205	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANDJORD, M J	3.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKWY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WESTWOOD KS	3.4 CITY-STATE-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, CAROLYN S	4.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKWY	4.3 STREET ADDRESS	
CITY-STATE-ZIP	WESTWOOD KS 66205	4.4 CITY-STATE-ZIP	
TITLE	VPS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, MARION W	5.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKWY	5.3 STREET ADDRESS	
CITY-STATE-ZIP	WESTWOOD KS 66205	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/27/96

(816) 854-7683

CR2E034 (12/95)