FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F19354

(2)

PERRY PROTECTION SERVICES, INC.

FILED Feb 06 1997 8:00am Secretary of State

WESTWOOD K	E MISSION PKWY.		903 E 104TH STREET MAILSTOP: MOKCMM0609			
US		KANSAS CITY MO 64131-4509 US		3. Date Incorporated or Qualified	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
					02/12/1981	02/05/1996
—¬, `		2a. Mailing Address	Iress		4. FEI Number	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.		59-2099748	Not Applicable	
22		27	27		5. Certificate of Status Desired	\$8.75 Additionat Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip	Country		Trust Fund Contribution	Added to Fees
24	25	29	30	•	This corporation has liability to Florida Statutes	or intangible tax under s. 199.032,
24	9. Name and Address of Curre		1301		10. Name and Address of New R	
CT	CORPORATION SYSTEM		81	Name		
1200 S. PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Accepta	ahla)
	NTATION FL 33324				(1 .O. DOX TIGHTON TO THE FIRE	10.07
1			83	1		
			84	City		85 Zip Code
				<u> </u>		FL 50 ED 0000
office or i	to the provisions of Sections 607.0t registered agent, or both, in the Sta	502 and 607.1508, Florida Sta te of Florida. Such change wa	itutes, the abov as authorized b	e-named cor y the corpora	rporation submits this statement for the ation's board of directors. I hereby accurately	 purpose of changing its registered lept the appointment as registered
agent. La	am lamiliar with, and accept the obli	gations of, Section 607.0505,	Florida Statute	S .	·	
SIGNATURE	Stonature, type-flor printed name of registered a	ment and tille if applicable //	NOTE Registered An	ant eignature regu	ured when reinstating)	DATE
12.		ND DIRECTORS	13.	ont any lattice rest	ADDITIONS/CHANGES TO OFF	
TITLE	PD DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME	JENSEN, DON A		1.2 NAME			· ·
STREET ADDRESS			1.3 STREE	T ADDRESS		ļ
CITY-S1-ZIP	WESTWOOD KS		1.4 CITY - 2.1 TITLE	ST-ZIP		
TITLE	*	V DELETE				Change Addition
NAME	HYDE, MICHAEL T	****	22 NAME			
STREET ADDRESS	2330 SHAWNEE MISSION PH	(WY		I ADDRESS		
CITY-S1-ZIP	WESTWOOD KS 66205	DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		Change Addition
NAME	STRANDJORD, M J	ביין טכנכונ	3.7 TITLE 3.2 NAME		~1	, Li ondrige Li rodition :
STREET ADDRESS	2330 SHAWNEE MISSION PI	(WY		T ADDRESS		
CITY-ST-ZIP	WESTWOOD KS	***1	3.4. CfTY-			1
TITLE	AS	DELETE	4.1 TITLE	51 211		Change Addition
NAME	LOVE, CAROLYN S		4. 2 NAME			
STREET ADDRESS	2330 SHAWNEE MISSION PA	(WY	4.3 STREE	T ADDRESS		,
CITY-ST-ZIP	WESTWOOD KS 66205		4.4 CITY -	ST-ZIP		
THLE	VP\$	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	O'NEIL, MARION W		5.2 NAME			
STREET ADDRESS	2330 SHAWNEE MISSION PH	(WY	5.3 STREE	T ADDRESS		
CITY-S1-ZIP	WESTWOOD KS 66205		5.4 CiTY+	ST-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREE	T ADDRESS		

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

6.4 CITY-ST-ZIP