

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 # F67783 (3)

1. Corporation Name

STEVENER ALARM SERVICES, INC.



Principal Place of Business

% JOSEPH H STEVENER
P.O. BOX 500340
MALABAR FL 32950

Mailing Address

% JOSEPH H STEVENER
P.O. BOX 500340
MALABAR FL 32950

3. Date Incorporated or Qualified
02/18/1982

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2171883

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

STEVENER, JOSEPH H
1658 JUPITER BLVD, NW
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name Joseph H. Stevener
82 Street Address (P.O. Box Number is Not Acceptable)
2295 Linrose Lane
83
84 City Malabar FL 85 Zip Code 32950

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 P
NAME STEVENER, JOSEPH H
STREET ADDRESS 1658 JUPITER BLVD. NW
CITY - ST - ZIP PALM BAY, FL 00000 ☐ DELETE

1.1 TITLE P
1.2 NAME Stevener, Joseph H
1.3 STREET ADDRESS 2295 Linrose Lane
1.4 CITY - ST - ZIP Malabar, FL 32950 ☒ Change ☐ Addition

TITLE TS
NAME STEVENER, SHELLEY J
STREET ADDRESS 1658 JUPITER BLVD NW
CITY - ST - ZIP PALM BAY, FL 00000 ☐ DELETE

2.1 TITLE TS
2.2 NAME Stevener, Shelley J.
2.3 STREET ADDRESS 2295 Linrose Lane
2.4 CITY - ST - ZIP Malabar, FL 32950 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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: Shelley J. Stevener Shelley J. Stevener

4-23-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #