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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Morthami Secretary of State DIVISION OF CORPORATIONS

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F93000003596 (4)

DOCUN 1. Corporation	MENT # F9300	0003596 (4)		
· ·	MAN SECURITY SERVICES,	INC.			
Principal Place	of Business	Mailing Address	····	1	I BREATH BOOKE BEEND HERBE BEENE LOND ONLY SEED
602 STILLMEADOW DRIVE RICHARDSON TX 75081-5614		602 STILLMEADOW RICHARDSON TX 7			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mairing Address		08/09/1993 4. FEI Number	05/01/1995 Applied For
21		26		75-2477444	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	· ·	5. Certificate of Status Desired	\$8.75 Additional
22		27		U. Oshi kare of States Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28] Ζιρ	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for i Florida Statutes ☐ Yes	
	9. Name and Address of Curren			10. Name and Address of New R	
			81 Name		
MORSE,	CAROL A		82 Street Add	ress (P.O. Box Number is Not Acceptab	lol (cal
	LAC ROAD		OH OH HAC		Σ,
BOCA R	ATON FL 33496		83		
			84 City		85 Zip Code
			'		FL. T
or registere	or the provisions of sections 607.0502 id agent, or both, in the State of Floric r, and accept the obligations of, Secti	ta. Such change was author	'Zeo by the comoration's boa	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing its registered office antiment as registered agent. I am
SIGNATURE _					
12.	(godino types er proteit rande di regione) Lagern OFFICERS ANI		Table 13. 1. TE Register of Agent signature region 1. Table 13. 1. Table 1. Tabl	ADDITIONS/CHANGES TO OFFI	DATE OFRE AND DIRECTORS IN 13
TITLE	PSCD	☐ DELETE	1 1 TILLE	ASSETTIONS OF PARTIES TO OTHER	Change Addition
NAME	SHERMAN, ROBERT N		1.2 NAME		
STHEET ADDRESS	602 STILLMEADOW DRIVE		13 STHEFT ADDRESS		
CITY+ST ZIP	RICHARDSON TX 75081-751	4	1.4 CITY - ST - ZH ⁻		
TITLE	VTD	☐ DELETE	2 1 Tiflef		Change Addition
NAME	SHERMAN, CAROLYN M		2.2 NAME		
STREET ADDRESS	602 STILLMEADOW DRIVE		2.3 STREET ADDRESS		
C(TY - S1 - Z0)	RICHARDSON TX 75081-751		2.4 CHY - S1 - ZIP		
TITLE		DECETÉ	3 : 1016		Change Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3 4 C: IY S1 - ZIP 4 1 T TLF		Change Addition
NAME			4.2 NAME		o larige ricellori
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-Z-P			4.4.0(I) - ST-Z(F		
TiTLE		☐ DELE1E	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 SCREET ADDRESS		
CITY-ST-ZIF			5.4 CHY+ST_ZIP		
TITLE		□ DELFTE	6 1 TII_E		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64.01Y-S1-ZiF

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 emplowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if granged, oy in an attention that madeliess. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

214 783 4002