

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 # F94000005055 (8)

1. Corporation Name  
VALOR SECURITY SERVICES, INC.

Principal Place of Business

999 PEACHTREE ST., N.E.  
SUITE 2800  
ATLANTA GA 30309

Mailing Address

999 PEACHTREE ST., N.E.  
SUITE 2800  
ATLANTA GA 30309-3904

2. Principal Place of Business

21 200 N. COBB PARKWAY  
Suite, Apt. #, etc.

22 Ste 434

City & State

23 Marietta, GA

24 30062 25 COBB

2a. Mailing Address

26 200 N. COBB PARKWAY  
Suite, Apt. #, etc.

27 Ste 434

City & State

28 Marietta, GA

29 30062 30 COBB

9. Name and Address of Current Registered Agent

RAKESTRAW, DAN L  
506 GOLF SHORE DR.  
INLET REEF CLUB, UNIT 409  
DESTIN FL 32541

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

03/11/1996

4. FEI Number

58-1963076

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

10. Name and Address of New Registered Agent

81 Name

200002251742--7

82 Street Address (P.O. Box Number is Not Acceptable)

07/29/97--01134--022

83

\*\*\*\*165.00 \*\*\*\*165.00

84 City

FL

85

Zip Code

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

OFFICERS AND DIRECTORS

12. TITLE P ☒ DELETE

NAME TINNELL, TERRY ALAN  
STREET ADDRESS 2906 PREAKNESS DR.  
CITY-ST-ZIP MARIETTA GA 30064

TITLE V ☐ DELETE

NAME RAKESTRAW, DAN L  
STREET ADDRESS 2804 SADDLEBROOK WAY  
CITY-ST-ZIP MARIETTA GA 30064

TITLE ST ☐ DELETE

NAME MITCHELL, DONALD  
STREET ADDRESS 1572 PHARRS RD.  
CITY-ST-ZIP GRAYSON GA 30221

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 200002251742--7

1.2 NAME -07/29/97--01134--022

1.3 STREET ADDRESS \*\*\*\*393.75 \*\*\*\*393.75

1.4 CITY-ST-ZIP

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME ROBERT STEIN

4.3 STREET ADDRESS 2858 LIVSEY DRIVE

4.4 CITY-ST-ZIP TUCKER, GA 30084

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME THOMAS CENTRE

5.3 STREET ADDRESS 444 BABRAX ROAD

5.4 CITY-ST-ZIP NEWMAN, GA 30263

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*[Signature]*

1-30-97

7/21/97

APPROVED  
AND  
FILED

97 JUL 21 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)