

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 # F94000005876

1. Corporation Name

NHC Security Systems, Inc.

Principal Place of Business

Mailing Address

1860 Old Okeechobee Road
Suite #510

1860 Old Okeechobee Road
Suite #510

West Palm Beach, FL 33409

West Palm Beach, FL 33409

000002191900

-05/27/97--01110--006

***8.75

3. Date Incorporated or Qualified
11/14/94

3a. Date of Last Report
6/

4. FEI Number
06-1410099

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

2. Principal Place of Business

2a. Mailing Address

21 1860 OLD OKEECHOBEE ROAD

26 1860 OLD OKEECHOBEE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #510

27 SUITE #510

City & State

City & State

23 WEST PALM BEACH, FL

28 WEST PALM BEACH, FL

Zip

Country

Zip

Country

24 33409

25

29 33409

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Fieldstone, Ronald R.
200 South Biscayne Blvd.
Suite 2100
Miami, FL 33131

81 Name
Main, James L.

82 Street Address (P.O. Box Number is Not Acceptable)
Kirschner, Main, Graham, Tanner, & Demont

83 1610 Independent Square, Suite 2000

84 City Jacksonville, FL 85 Zip Code 32202

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

James L. Main, Registered Agent

4/23/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

1.1 TITLE D ☐ Change ☒ Addition

NAME Macdonnell, Russell R.
STREET ADDRESS 115 East Putnam Avenue
CITY-STATE-ZIP GREENWICH, CT 06830

1.2 NAME Kuhne, John
1.3 STREET ADDRESS 14 South Main Street
1.4 CITY-STATE-ZIP Greenville, SC 29601

TITLE PD A1 ☒ DELETE

2.1 TITLE D ☐ Change ☒ Addition

NAME Allen, Richard S.
STREET ADDRESS 2121 Cornell Street
CITY-STATE-ZIP SARASOTA, FL 34237

2.2 NAME McRae, Walter
2.3 STREET ADDRESS 1725 Memorial Park Drive
2.4 CITY-STATE-ZIP Jacksonville, FL 32204

TITLE ☐ DELETE

3.1 TITLE CD ☐ Change ☒ Addition

NAME Purcell, Kenneth
STREET ADDRESS 1610 Independent Square
CITY-STATE-ZIP Jacksonville, FL 32202

3.2 NAME Purcell, Kenneth
3.3 STREET ADDRESS 1610 Independent Square
3.4 CITY-STATE-ZIP Jacksonville, FL 32202

TITLE ☐ DELETE

4.1 TITLE D ☐ Change ☒ Addition

NAME Stein, Robert
STREET ADDRESS 1610 Independent Square
CITY-STATE-ZIP Jacksonville, FL 32202

4.2 NAME Stein, Robert
4.3 STREET ADDRESS 1610 Independent Square
4.4 CITY-STATE-ZIP Jacksonville, FL 32202

TITLE ☐ DELETE

5.1 TITLE V ☐ Change ☒ Addition

NAME Marinatos, Anthony
STREET ADDRESS 1610 Independent Square
CITY-STATE-ZIP Jacksonville, FL 32202

5.2 NAME Marinatos, Anthony
5.3 STREET ADDRESS 1610 Independent Square
5.4 CITY-STATE-ZIP Jacksonville, FL 32202

TITLE ☐ DELETE

6.1 TITLE ST ☐ Change ☒ Addition

NAME Lanigan, Mindy
STREET ADDRESS 1610 Independent Square, Jax, FL 32202

6.2 NAME Lanigan, Mindy
6.3 STREET ADDRESS 1610 Independent Square, Jax, FL 32202
6.4 CITY-STATE-ZIP Jacksonville, FL 32202

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 contained 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: Mindy Lanigan, Secretary/Treasurer 4/23/97 (904) 355 - 3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

ES
5/14/97