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

PROFIT



FLORIDA DEPARTMENT OF STATE

DOCUMENT# F95000001189 (8)  RHOADS SECURITY, INC.  Principal Place of Business  Maing Address  205 CORAL STREET NAVARRE R, 3256  2 Funding Place of Business  3 Table Recrystated or Guilfield  2 Funding Place of Business  3 Table Recrystated or Guilfield  4 Table Recrystated Or Guilfield  4 Table Recrystated Or Guilfield  5 Table Recrystated Or	CORPORATION ANNUAL REPORT 1996			Saridra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
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2035 CORAL STREET NAVARRE FL 32566  84   Cry   FL  85   Zgp Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fixida Statutes, the above named corporation submits this statement to the purpose of changing its registered officent submits to state of Florids. Subutes, the above named corporation submits this statement to the purpose of changing its registered officent submit of directors. Throotly accept the disprachment as registered officent submits to state of Florids. Submits submit of directors. Throotly accept the disprachment as registered officent submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered officent as registered officent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the disprachment as registered agent. I am submit of directors. Throotly accept the grant and accept throotly accept the grant and accept throotly accept the grant and	DUOADO OTEDUEN O										
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SIGNATURE	11. Pursuant ti	o the provisions of	Sections 607.0502 and	1 607.1508. Florida Statute	es the ation		amed comors	ition submits this statement for the			registered office
Signature	i or registere	eu agent, or bour, i	iri the State of Florida, a	such change was authoriz	ea by the co	orpo	pration's board	d of directors. Thereby accept the ap	opointment a	is registere	ed agent. I am
12.	SIGNATURE _			,							
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14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the execution stated in Section 119 07/2016. Electron		cortify that the C-C	enation asset 1	Alla francis in the Control of the							

continuous certify that the information supplied with this filling 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 early 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-939-4502 1/29/96
Date Dayson Proper