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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002977

1. Corporation Name

COMPUTERIZED SECURITY SYSTEMS, INC. OF ALABAMA

Principal Place of Business
 1015 N. MC KENZIE ST.
 FOLEY AL 36535

Mailing Address
 1015 N. MC KENZIE ST.
 FOLEY AL 36535

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1995

4. FEI Number

63-0936200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SIMMONS, BRENDA
1125 WOODLAKE DRIVE
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name **CORPORATION SERVICE COMPANY**

82 Street Address (R.O. Box)

1201 HAYS STREET

83

84 C TALLAHASSEE

FL

85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above corporation admits 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

Deborah D. Skipper
 Signature, typed or printed name of registered agent and their applicable

Deborah D. Skipper

as its agent

7-16-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PCD
PIETA, DENNIS R
1015 N. MC KENZIE ST.
FOLEY AL 36535

TITLE ☐ DELETE

VD
LAY, CHARLES
21410 LAY LANE
FOLEY AL

TITLE ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Deborah D. Skipper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 334-43-692
 Date Daytime Phone

CR2E034 (1/98)