FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000003568 (0)

ARGENBRIGHT SECURITY, INC.

Principal Place of Business Mailing Address

FILED May 20 1998 8:00am Secretary of State



3485 N. DESE ATLANTA GA		3465 N. DESERT DR ATLANTA GA 30344				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 07/16/1996			
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	I IA	pplied For	
21		26				58-1709865		ot Applicable	
Suite, Apt. (#, et c.	Suite, Apt. #, etc.						Additional	
22		27				5. Certificate of Status Desired	Fee R	equired	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip		Coun	Country		8. This corporation owes or has paid the o	urrent year In	tangible	
24	25	29	30			Personal Property Tax due June 30.		No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registere	d Agent		
	CORPORATION SYSTEM			1 Na	me				
1200 S OUTH PINE ISLAND ROAD PLANTATION FL 33324				2 Str	eel Address (P.O. Box Number is Not Acceptable)				
			8	3					
			8	4 Cit	.y	F	L 85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.	0502 and 607.1508, Florida Sta	tutes, the abo	ve-nar	ned corp	poration submits this statement for the purpose	of changing	its registered	
office or re	egiste red agent, or both lin the S m fam iliar with, and accept the o	tate of Horida. Such ch ange wa bligations of, Section 607.050 5.	is authorized Florida Statu	by the es.	corpora	tion's board of directors. I hereby accept the a	ppointment as	s registered	
SIGNATURE	,								
SIGNATURE	Signature: typed or pouted name of regulate	diagont and title if applicable (N	OTE Registered	gent sign	naturo requi	Irad when reinstating) DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		
TITLE	CP	☐ DELETE	117171		۱ '	4	Change	■ Addition	
NAME	ARGENBRIGHT, FRANK A	JR	1 2 NAN						
STREET ADDRESS	3465 N. DESERT DR			ET ADDR					
CiTY-\$T-ZIP	ATLANTA GA 30344			-S1 - ZIP			Change	Addition	
TITLE	•			2111111			Change		
NAME	GAMSEY, DAVID L		2.2 NAN						
STREET ADDRESS	3465 N. DESERT DR			ET ADDR	1				
CITY-ST-ZIP	ATLANTA GA 30344	DELETE	2. 4 GIT 3.1 TITE	/ • ST • Z⊮ :	- + -	ρ	Change	Addition	
TITLE		LJ OLLLI	3.2 NAN			ALAND. THOMAS J.	*. 43	7.	
NAME					.cec / /	Who westh obesent of	NINE		
STREET ADDRESS				ET ADDR 7-81-76		ALAND, ThOMAS J. 1465 WORTH DESERT OF ATLANTA, GA 30344			
CITY-ST-ZIP TITLE		DELETE	4,1 TITL		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	
NAME			4 2 NA				_		
STREET ADDRESS				ET ADOR	tess				
CITY-ST-ZIP			1	- ST - 7IP					
TITLE		DELETE	5 1 TiTl	,			Change	Addition	
NAME			5.2 NAA	E					
STREET ADDRESS			5.3 STR	ET ADDR	KESS				
CITY-ST-ZIP			5.4 CIT	- ST - ZIP					
TITLE		DELETE	6.1 TiTL				Change	Addition	
NAME			6.2 NAM	IE					
STREET ADDRESS			6 3 STR	ET ADDR	KESS				
CITY - ST - ZIP			6.4 CIT	- ST - 7(P					

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 trusted 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 or an attachment with an address.