

# F97000000558

GARRISON PROTECTIVE SERVICES  
- 4343 West Flagler St. Suite 501  
Miami, Florida 33134

City/State/Zip

Phone #

900002343019--3  
-11/10/97-01118-008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

**FILED**  
97 NOV 10 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Affidavit Changing Officers and  
Directors*

VS NOV 17 1997

Examiner's Initials



**GARRISON**  
PROTECTIVE SERVICE

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97 NOV 10 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOVEMBER 5, 1997

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FLORIDA 32314

DEAR SIR;

CHANGE OF OFFICERS AND OR DIRECTORS AFFIDAVIT.

**NAME OF CORPORATION :** GARRISON PROTECTIVE SERVICES OF FLORIDA  
INC.

**OFFICERS:**

**PRESIDENT;** DONNA TENREIRO, 4343 WEST FLAGLER STREET, MIAMI FLORIDA,  
33134

**VICE PRESIDENT ;** JEREMIAH B. CHILTON, 4343 WEST FLAGLER STREET MIAMI,  
FLORIDA 33134

**VICE PRESIDENT, SECRETARY, TREASURE;** FRANK HUBERT, 4343 WEST  
FLAGLER, STREET, MIAMI FLORIDA 33134

I ALSO AFFIRM THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT ARE  
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

*Jeremiah B. Chilton*  
JEREMIAH B. CHILTON

VICE PRESIDENT

STATE OF FLORIDA

COUNTY OF Dade

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 5<sup>th</sup>

DAY OF November, 19 97 BY

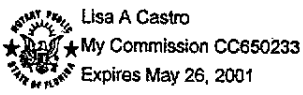
NAME OF APPLICANT

Lisa A. Castro

NOTARY SIGNATURE

LISA A. CASTRO

PRINT NAME OF NOTARY



PERSONALLY KNOWN \_\_\_\_\_

IDENTIFICATION \_\_\_\_\_

TYPE OF IDENTIFICATION FL. DRIVERS License C.435-422-44-042-0