

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90052 008 \*\*\*150.00

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1. Corporation Name

GARRISON PROTECTIVE SERVICES OF FLORIDA, INC.

Principal Place of Business

210 W. ROGUES PATH  
COLD SPRINGS HILLS NY 11743

Mailing Address

210 W. ROGUES PATH  
COLD SPRINGS HILLS NY 11743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1997

2. Principal Place of Business

21 22 Southern Blvd

2a. Mailing Address

26 22 Southern Blvd

4. FEI Number

11-3339787

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election-Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax ☐Yes ☐ No ☒

9. Name and Address of Current Registered Agent

CHILTON, JEREMIAH B.  
1451 BRICKELL AVE  
STE 600  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Rolando Baldomero  
82 Street Address (P.O. Box Number is Not Acceptable)  
1451 Brickell Ave  
83 Suite 600  
84 City Miami FL 85 Zip Code 33131

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

Rolando Baldomero

(NOTE: Registered Agent signature required when reinstating)

DATE

03-23-99

12. OFFICERS AND DIRECTORS

☐ DELETEP  
NAME TENREIRO, DONNA  
STREET ADDRESS 4343 W. FLAGLER ST.  
CITY-ST-ZIP MIAMI FL 33134☒ DELETEVP  
NAME CHILTON, JEREMIAH B  
STREET ADDRESS 1451 BRICKELL AVE STE 600  
CITY-ST-ZIP MIAMI FL 33131☐ DELETEVPST  
NAME HUBERT, FRANK  
STREET ADDRESS 4343 W. FLAGLER ST.  
CITY-ST-ZIP MIAMI FL 33134☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☒ Change ☐ AdditionVP  
2.1 TITLE Rolando Baldomero  
2.2 NAME  
2.3 STREET ADDRESS 1451 Brickell Ave Suite 600  
2.4 CITY-ST-ZIP Miami FL 33131☐ Change ☐ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/99

516-979-7000

CR2E034 (11/98)