b9171999-90011-008-$550.00-$550.00

SECOND NOTICE. COMPLETION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

# PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -1 AM 11:50

DOCUMENT # F97000002114

1. Corporation Name
FLORIDA SECURITY HOLDINGS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 125 FRONTAGE ROAD<br>ORANGE CT 06477 | 125 FRONTAGE ROAD<br>ORANGE CT 06477 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 9721 Executive Ctr Dr | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>04/22/1997 | |
| Suite, Apt. #, etc.<br>22 120 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>06-1436209 | Applied For ☐<br>Not Applicable ☐ |
| City & State<br>23 St. Petersburg FL | City & State<br>28 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip / Country<br>24 33702 25 USA | Zip / Country<br>29 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| | | 8. This corporation owes the current year Intangible Personal Property. | ☐ Yes ☐ No |

9. Name and Address of Current Registered Agent

MACDONNELL, RUSSELL R
6185 MARINER SANDS DRIVE
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name: Huston F Hill
82 Street Address (P.O. Box Number is Not Acceptable): 924 47th Ave West
83
84 City: St Petersburg FL 85 Zip Code: 33702

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: Huston F. Hill Huston F. Hill Pres. 9-29-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MACDONNELL, RUSSELL R | | 1.2 NAME | | |
| STREET ADDRESS | 5 MOLLY LANE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DARIEN CT 06820 | | 1.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | President Director | ☒ Change ☐ Addition |
| NAME | HILL, HUSTON F | | 2.2 NAME | | |
| STREET ADDRESS | 3300 N.E. 191ST STREET #1815 | | 2.3 STREET ADDRESS | 767 Cayo Costa Ct. | |
| CITY-ST-ZIP | ADVENTUA FL 33180 | | 2.4 CITY-ST-ZIP | St. Pete., Florida 33702 | |
| TITLE | S | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KANDEL, GEORGETTE L | | 3.2 NAME | | |
| STREET ADDRESS | 1460 ELM STREET | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | STRATFORD CT 06497 | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

$9 10/4

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.

SIGNATURE: Huston F. Hill REQUIRED 9-14-99 727-577-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)