

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005094**  
1. Corporation Name

**American Alert, Inc.**

Principal Place of Business Mailing Address

**6501 Arlington Expressway  
Bldg B Suite #201  
Jacksonville, FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11-18-97 (Qualified)**

4. FEI Number

**72-1351863**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**6501 Arlington Exwy**

**Bldg B Suite #201**

**Jacksonville, FL**

**Zip 32211**

**Country USA**

2a. Mailing Address

**6409 Abercorn Street**

**Suite, Apt. #, etc.**

**Suite C**

**City & State**

**Savannah, GA**

**Zip 31405**

**Country USA**

9. Name and Address of Current Registered Agent

**Pamela Scroggs  
6501 Arlington Exwy  
Bldg B Suite #201  
Jacksonville, FL 32211**

10. Name and Address of New Registered Agent

**Verdelle Barrington  
13236 Grant Lagan Lane  
Jacksonville FL 32225**

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 **Verdelle Barrington** **Verdelle Barrington** **11-2-98**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **George M Holmes**

STREET ADDRESS **506 Interness Ct**

CITY-ST-ZIP **St. Simons Island, GA 31522**

TITLE **Secretary** ☐ DELETE

NAME **Judith H. Holmes**

STREET ADDRESS **506 Interness Ct**

CITY-ST-ZIP **St. Simons Island GA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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. 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: **George M Holmes** **George M Holmes** **10/30/98** **354-3702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

**98 NOV -4 AM 10: 03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CR2E034 (5/98)