

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90012 034 ***150.00

DOCUMENT # F98000664933

1. Corporation Name

FARA Security Services, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/98

4. FEI Number

72-1269913

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	<input type="checkbox"/> DELETE
NAME	Daniel J. Clark	
STREET ADDRESS	2360 Fifth Avenue	
CITY-ST-ZIP	Mandeville, LA 70471	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Donald E. Casse	
STREET ADDRESS	2360 Fifth Avenue	
CITY-ST-ZIP	Mandeville, LA 70471	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Camilla Q. Davis	
STREET ADDRESS	2360 Fifth Avenue	
CITY-ST-ZIP	Mandeville, LA 70471	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Reed.A. Bell	
STREET ADDRESS	2360 Fifth Avenue	
CITY-ST-ZIP	Mandeville, LA 70471	
TITLE	Mgr. Special Investigative Services	<input type="checkbox"/> DELETE
NAME	Antony Tijerina	
STREET ADDRESS	2360 Fifth Avenue	
CITY-ST-ZIP	Mandeville, LA 70471	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	David M. Richard	
STREET ADDRESS	2360 Fifth Avenue	
CITY-ST-ZIP	Mandeville, LA 70471	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Louis R. DuBuc	
1.3 STREET ADDRESS	2360 Fifth Avenue	
1.4 CITY-ST-ZIP	Mandeville, LA 70471	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Camilla Q. Davis

Camilla Q. Davis, Secretary 5/7/99 504-624-8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)