FOR PROFIT CORPORATION

FILED DOCUMENT # 599000003325 03 MAY 14 PM 12: 37 1. Entity Name ENFORCEMENT PROTECTIVE CORPORATION DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2116 W. OAKRIDGE ROAD Suite, Apt. #, etc. 🚜 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO. <u>59-2956 402-21110635.</u> Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DATE After May 1, Fee is \$550,00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE FRESIDENT JOHN F. KEMNDY SY 2116 W. OAKRIDGE Rd, StE-A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE TITLE JOHN F. KENNED NAME NAME 2116 W. DAKRIDGE Rd, StE-A STREET ADDRESS STREET ADDRESS ORLANDO, FL 32809 CITY-ST-ZIF CITY-ST-ZIP TREASURER TITLE TITLE JOHN F. KENNEDY SY 2116 W. OAKRIDGERD, Ste-A NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TII! F NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or on an attachment with an address, with

SIGNATURE: R OR DIRECTOR

CITY-ST-ZIP