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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1998 8:00am

## Sandra B. Mortham

	1998		Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
DOCUN 1. Corporation	VENT #	G26843	(4)				
A&D	LOCKSMITH A	ND SAFE SERVICE,	INC.				
Principal Place	of Business	Mail	ing Address		-	I BIBAL BIBAL BIBAL BIBAL BIBIL	
9904 E COLONIAL DR. 9904 E COLONIAL DR.							
UNION-PARK	-FL <del>32</del> 817 -	• <del>UN</del>	• UNION PARK FL 32817		DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualified		
2. Principal Pla	aco of Business	2a. N	2a. Mailing Address		02/28/1983 4. FEt Number	Applied For	
21		26			59-2261232	Not Applicable	
Suite, Apt. 4	H, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		_   "' (	lity & State	42. ^	6. Election Campaign Financing	\$5.00 May Be	
23 OPL		and the second of the second o	ORL MODO	Country	Trust Fund Contribution  8. This corporation owes or has paid the	Added to Fees	
24 3281		29	ا حدمه م	30	Personal Property Tax due June 30.	Yes No	
A 4 h		Idress of Current Registe	red Agent	81 Name	10. Name and Address of New Register	red Agent	
MILLS, JOHNNIE DWIGHT 9904 E. COLONIAL DRIVE							
- UNION PARK-FL-32817-							
				83			
				B4 City Or L	ANDO FL	FL 85 Zip Code 35817	
11. Pursuant to	o the provisions of spistered about or	Sections 607 0502 and 607 both, in the State of Florida	7.1508, Florida Statutes Such change was au	s, the above named corp	oration submits this statement for the purpos ion's board of directors. I hereby accept the	se of changing its registered	
Į.	n familiar with, and	accept the obligations of, t	Section 607.0505, Flori	da Statutes.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Signature Typed or printed	name of a gaderest ago of and life of a		Registered Agent signature requi			
12.	P	OFFICERS AND DIRECT	ORS □ Derei€	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 S	
NAME	MILLS, JOHHI	NE DWIGHT		1,2 NAME			
STREET ADDRESS	667 ARBUKIE			1.3 STREET ADDRESS		ا ا	
CHY-ST-ZIP TITLE	WINTER SPRI	NGS FL	[] brieie	1.4 Cil Y - S1 - ZIP 2 1 TIH E		Change Addition	
NAME	MILLS, ELIZAE	BETH JANE	C.J section	2.2 NAME		C. CARPAGO	
STREET ADDRESS	667 ARBUKIE			23 STREET ADDRESS		ļ,	
CITY-ST-ZIP TITLE	WINTER SPRII	NGS FL	DELFTE	2 4 CITY-ST-ZIP 3 1 THUE		Change Addition	
NAME			1.1 section	3.2 NAME		Change Notite [	
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	3.4. CITY - ST - 7IP		☐ Change ☐ Addition	
TITLE NAME			[] DULFIE	4.1 TOLE 4.2 NAME		☐ Change ☐ Addition ☐	
STREET ADDRESS				4.3 STREET ADDRESS			
CITY+ST-ZIP	<del></del>		t <b>inn</b> somme miniting	4.4 C(TY-ST-7)P			
TITLE NAME			DETUE	5.1 TITLE : 5.2 NAME		Change Addition	
STREET ADDRESS				5.3 STREET ADORESS			
CITY+ST+ZiP				5.4 CITY- ST- ZIP	, statustas		
TITLE			DETELL	6 1 1171 F		Change Addition	
NAME STREET ADDRESS				6.2 NAME 6.3 STREET ADDRESS			
OTTAL PROPERTY				S O D THE C REPORT OF		1	

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 ecoporation 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 attriction with an address.