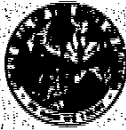


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 17 PM 11:44

DOCUMENT # G60898 (5)

1. Corporation Name

RONEY INTERNATIONAL DETECTIVE SERVICE, INC.

Principal Place of Business

**7005 KEITHAN RD
P.O. BOX 6171 (32236)
JACKSONVILLE FL 32220**

Mailing Address

**7005 KEITHAN RD
P.O. BOX 6171 (32236)
JACKSONVILLE FL 32220**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1983

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2323063

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 4161 Sidewinder Trail

2a. Mailing Address

26 4161 Sidewinder Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Middleburg, Fla.

City & State

28 Middleburg, Fla.

Zip

24 32068

Country

25 Clay

Zip

29 32068

Country

30 Clay

9. Name and Address of Current Registered Agent

**BAGGS, MARION R.
4161 SIDEWINDER TRAIL
MIDDLEBURG FL 32068**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSDC
BAGGS, MARION R
4161 SIDEWINDER TRAIL
MIDDLEBURG FL 32068**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
BAGGS, SHERLEEN S
4161 SIDEWINDER TRAIL
MIDDLEBURG FL 32068**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BAGGS, RORY O.
4161 SIDEWINDER TR.
MIDDLEBURG FL 32068**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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; the recorder 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, with an address.

SIGNATURE:

Marion R. Baggs; 4/11/95 904-781-2600
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR