FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
7005 KEITHAN RD P.O. BOX 6171 (32236) JACKSONVILLE FL 32220	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

2. Principal Place of Business
21 4161 Sidewinder Trail
22 Suite, Apt. #, etc.
23 City & State: Middleburg, Fla.
24 Zip: 32068
25 Country: Clay

2a. Mailing Address
26 4161 Sidewinder Trail
27 Suite, Apt. #, etc.
28 City & State: Middleburg, Fla.
29 Zip: 32068
30 Country: Clay

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDC	1.1 TITLE	☐ Change ☐ Addition
NAME	BAGGS, MARION R	1.2 NAME	
STREET ADDRESS	4161 SIDEWINDER TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	BAGGS, SHERLEEN S	2.2 NAME	
STREET ADDRESS	4161 SIDEWINDER TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	BAGGS, RORY O .	3.2 NAME	
STREET ADDRESS	4161 SIDEWINDER TR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, added or deleted.

SIGNATURE: Marion R. Baggs NAME: MARION R. BAGGS; 4/11/95 904-781-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040060 FP