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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

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(8)

U.S. ALARMS, INC.

May 18 1998 8:00am						
Secretary of State						

4/3/08 941/377-1-221

FILED

Principal Place of Business Mailing Address				OIT ALBIA ELBIA ALBIA BIBII IDA		
7510 N. LEEWYNN DR. SARASOTA FL 34240-8793		PO BOX 2200 STE 190				
		SARASOTA FL 34230		DO NOT WRITE IN THIS SPACE		
		US		3. Date Incorporated or Qualified	ì	
2 Principal P	lace of Business	2a. Mailing Address		11/21/1983 4. FEI Number	Applied For	
	PORTER LAKE DR.	26 SAM (3		59-2345371	Not Applicable	
Suite, Apt. #, etc. Suito, Apt. #, etc.				,	\$8.75 Additional	
22 UNIT 6 27				5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 519 R 15 Zip	SOTA, J. A.	28	0	Trust Fund Contribution	Added to Fees	
24 3 42 Y		Zip 29	Country 30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	urrent year Intangible ☑ Yes ☐ No	
24 3 19 1	9. Name and Address of Current I		30	10. Name and Address of New Registere		
DUMBAUGH, JOHN D. 81 Name						
	PRETT MESHAD RESNICK & LIEB,	. P.A.	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
1900 RINGLING BLVD.				ress (1.0. box ratinos) is not recopiating		
SARASOTA FL 34236			83			
			84 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	as, the above-named corr	poration submits this statement for the purpose	of changing its registered	
office or r	egistered agent, or both, in the State of	f Florida, Such change was a ons of Section 607,0505. Flo	uthorized by the corporat	tion's board of directors. I hereby accept the a	pointment as registered	
			saldle Ba	4/1	130/98	
3 GIVATORIC	GCRALD L. BACOS/ Signature, typod or printed name of registered agont is	·,	Registered Agont signature requi			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AI		
TITLE	DPT CEDALD I	☐ DELETE	1.5 TITLE		Change Addition	
NAME STREET ADORESS	BACON, GERALD L 6721 PALMER BOULEVARD		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	\$ARASOTA, FL 00000		1.4 CITY-ST-ZIP			
TITLE	87	☐ DELETE	2.1 TITLE		Change Addition	
NAME	BACON, MICHELE D		2.2 NAME			
STREET ADDRESS	6721 PALMER BOULEVARD		2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 00000		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME CTREET ADODECC			6.2 NAME			
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
14. I hereby c	ertify that the information supplied with	this filing does not qualify fo	r 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.						