

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G88432

(1)

1. Corporation Name

GUARDIAN SECURITY, INC.

Principal Place of Business

~~8700 CREIGHTON ROAD~~
~~SUITE 8~~
PENSACOLA FL 32504
US

Mailing Address

~~8700 CREIGHTON ROAD~~
~~SUITE 8~~
PENSACOLA FL 32504-4800
US



2. Principal Place of Business

21 4855 VELASQUEZ

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 4855 VELASQUEZ

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

32504

30

3. Date Incorporated or Qualified

02/28/1984

3a. Date of Last Report

06/24/1996

4. FEI Number

59-2383015

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

KAHN, H. DANTE JR.
4855 VELASQUEZ
PENSACOLA FL 32504

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 of Corporation or Registered Agent (if not identical to applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	KAHN, JR. H. DANTE
STREET ADDRESS	3700 CREIGHTON RD.
CITY-ST-ZIP	PENSACOLA FL
TITLE	TD
NAME	KAHN, PATRICIA B
STREET ADDRESS	3700 CREIGHTON ROAD
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAHN, JR. H. DANTE	
1.3 STREET ADDRESS	4855 VELASQUEZ	
1.4 CITY-ST-ZIP	PENSACOLA, FL	
2.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KAHN, PATRICIA B.	
2.3 STREET ADDRESS	4855 VELASQUEZ	
2.4 CITY-ST-ZIP	PENSACOLA, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. DANTE KAHN, JR.

4/4/97

904-432-7989

0485378

CR2E034 (9/96)