

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H18076 (0)

1. Corporation Name  
BAYCENTER SECURITY, INC.

Principal Place of Business  
% SMITH HULSEY & BUSEY  
225 WATER ST., 1800 FL. NAT'L BANK TOWER  
JACKSONVILLE FL 32202

Mailing Address  
% SMITH HULSEY & BUSEY  
225 WATER ST., 1800 FL. NAT'L BANK TOWER  
JACKSONVILLE FL 32202



2. Principal Place of Business  
21 11323 DISTRIBUTION AVE E.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 11323 DISTRIBUTION AVE E  
Suite, Apt. #, etc.

City & State  
23 JACKSONVILLE, FL

City & State  
28 JACKSONVILLE, FL

Zip Country  
24 32256 25

Zip Country  
29 32256 30

3. Date Incorporated or Qualified  
08/21/1984

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2453000  
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

SMITH & HULSEY  
225 WATER ST.  
1800 FLORIDA NATIONAL BANK TOWER  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name SUE K. BUTTS  
82 Street Address (P.O. Box Number is Not Acceptable)  
11323 DISTRIBUTION AVENUE EAST  
83  
84 City JACKSONVILLE FL 85 Zip Code 32256

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

*Sue K. Butts*

SUE K. BUTTS

4/25/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BENTLEY, KAREN C  
STREET ADDRESS 11323 DISTRIBUTION AVENUE E  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE DSTC  
NAME BUTTS, SUE K  
STREET ADDRESS 11323 DISTRIBUTION AVENUE  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

*Sue K. Butts*

SUE K. BUTTS

4/25/97 004 886 0505

CR2E034 (9/96)