

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H28927

1. Corporation Name

ESP Security & Satellite, Engineering, INC.
3812 Moncrief Rd.
Jacksonville, FL 32209

Principal Place of Business

Mailing Address

3812 Moncrief RD.
Jacksonville, FL 32209

P.O. Box 2546
Jacksonville, FL 32203

2. Principal Place of Business

21 As Above

Suite, Apt., etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 As Above

Suite, Apt., etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

Mark T. Kerrin
3812 Moncreif Rd.
450 W. 19th St.
Jacksonville, FL 32209

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 607.1002, 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 607.0602, Florida Statutes.

SIGNATURE

Use Only for Corporations Registered in the State of Florida

DATE: _____

DATE: _____

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE P	1.1 TITLE ☐ Change ☐ Addition
2. NAME	2. NAME
3. STREET ADDRESS	3.1 STREET ADDRESS
4. CITY-STATE-ZIP	4. CITY-STATE-ZIP ☐ Change ☐ Addition
5. TITLE	5.1 TITLE ☐ Change ☐ Addition
6. NAME	6. NAME
7. STREET ADDRESS	7.1 STREET ADDRESS
8. CITY-STATE-ZIP	8. CITY-STATE-ZIP ☐ Change ☐ Addition
9. TITLE	9.1 TITLE ☐ Change ☐ Addition
10. NAME	10. NAME
11. STREET ADDRESS	11.1 STREET ADDRESS
12. CITY-STATE-ZIP	12. CITY-STATE-ZIP ☐ Change ☐ Addition
13. TITLE	13.1 TITLE ☐ Change ☐ Addition
14. NAME	14. NAME
15. STREET ADDRESS	15.1 STREET ADDRESS
16. CITY-STATE-ZIP	16. CITY-STATE-ZIP ☐ Change ☐ Addition
17. TITLE	17.1 TITLE ☐ Change ☐ Addition
18. NAME	18. NAME
19. STREET ADDRESS	19.1 STREET ADDRESS
20. CITY-STATE-ZIP	20. CITY-STATE-ZIP ☐ Change ☐ Addition

13.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
2. NAME
3.1 STREET ADDRESS
4. CITY-STATE-ZIP ☐ Change ☐ Addition
5.1 TITLE ☐ Change ☐ Addition
6. NAME
7.1 STREET ADDRESS
8. CITY-STATE-ZIP ☐ Change ☐ Addition
9.1 TITLE ☐ Change ☐ Addition
10. NAME
11.1 STREET ADDRESS
12. CITY-STATE-ZIP ☐ Change ☐ Addition
13.1 TITLE ☐ Change ☐ Addition
14. NAME
15.1 STREET ADDRESS
16. CITY-STATE-ZIP ☐ Change ☐ Addition
17.1 TITLE ☐ Change ☐ Addition
18. NAME
19.1 STREET ADDRESS
20. CITY-STATE-ZIP ☐ Change ☐ Addition

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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)(k), 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 amendment with an add line.

SIGNATURE: Mark T. Kerrin Mark T. Kerrin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/96 (904) 768-9994

Daytime Phone #

CR2E034 (12/95)