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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name H36336

(6)

THE HOLLOWAY SECURITY COMPANY OF FLORIDA, INC.

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Principal Place of Business Mailing Address					!	1 1001011 2126 JUIC BILDS 1462 1415			
374-A TEQUES	TA DRIVE	374-A TEQUESTA DRIV	374-A TEQUESTA DRIVE						
TEQUESTA FL		TEQUESTA FL 33469							
						3. Date Incorporated or Qualified		ate of Last Rep	
						12/31/1984	<u> </u>	04/25/1995	
2. Principal Place of Business		2a. Mailing Address				4. FET Number 59-2477644	Applied For Not Applicable		
Crite Act to alc		26					\$8.75 Additional		
Suite, Apt. #, etc.		27				5. Certificate of Status Desired	⊠	*	equired
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Ζφ	Country	Zip Cou				8. This corporation has liability for			199.032,
24	25				Florida Statutes Yes No  10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	n negistered Agent	81	N	larie	. D. Tipling and Figures of Item			
110110	AV CACHELLE ID					ss (P.O. Box Number is Not Accept	thla)		
	'AY, CASWELL F., JR. :QUESTA DRIVE		82	S	treet Addres	ss (m.O. dox number is not Accept	mai		
	TA FL 33469		83	<b> </b>	^				
IEGUESI	IV LF 00409		0.4	ļ				85 Zip	Code
	o the provisions of Sections 607,050		84	l	Хity			·L	
SIGNATURE .	Signative typishocovi habitamin oʻragashsist alim OFFICERS AN	Parattering place (III) ND DIRECTORS	TE Registerio Agri	11 345		ADDITIONS/CHANGES TO O	EAT	AND DIRECTO	
TITLE	CD	DELETE	1 1 TITLE			D		Change	Addition
NAME	HOLLOWAY, CASWELL F.		1.2 NAME		140	HUS SIR MINDER	د جور . '	Δ	
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CITY - ST - ZIP	PHILADELPHIA PA		1.4 C(TY - 5	S1 2	TP   5.	PITER FLURIOR	334	Cnange	Addition
TITLE	STD	☐ DELETE	2 1 TITLE		13	TA MARIE B		_	
NAME	HOLLOWAY, MARIE B.		22 NAME 23 STREE	1.60	DRESS . S	HES SIE HILBER	200	العا	
STREET ADDRESS	2501 S. FRONT STREET PHILADELPHIA PA		23 STRU 24 CULY -			Spiran Flexing			
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NAME	HOLLOWAY, B. SCOTT	—	3.2 NAME						
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THTLE		☐ DELETE	4 1 1006					☐ change	☐ MODITOR
NAME			4.2 NAME	T 85	ingeve				
STREET ADDRESS			4.3 STREE 4.4 CITY -		1				
CITY - ST - ZIP			5 1 TITLE					☐ Change	☐ Addition
NAME		<u></u>	5.2 NAME						
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CHTY - ST - ZIP			5.4 CITY -	S1-	ZIP				FTT # 23/1/
TITLE		☐ DELETE	6 1 TITLE					☐ Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			63 STREI						
City St. 7iP			6.4 CITY -	SI-	ZIP ]				

14. Ido 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 on an attachment with an address.

SEGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/92 (215)463 8500

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