

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMPA, FL 33602
TELEPHONE: (813) 236-1000
FAX: (813) 236-1001

APPROVED

DOCUMENT # H37429

(8)

HARBOUR ISLAND SECURITY, INC.

424 KNIGHTS RUN AVE.
TAMPA FL 33602
US

300 BENEFICIAL CENTER
PEAPACK NJ 07977
US

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21. State of Florida	26. Mailing Address	4. FET Number	3a. Date of Last Report
22. State of Florida	27. Mailing Address	51-0284740	01/03/1985
23. State of Florida	28. Mailing Address	5. Certificate of Status Desired	3b. Date of Last Report
24. State of Florida	29. Mailing Address	☐ \$8.75 Additional Fee Required	05/01/1994
25. State of Florida	30. Mailing Address	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
26. State of Florida	31. Mailing Address	7. This corporation is subject to the provisions of Chapter 190, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City, State, Zip
	FL 85. Zip Code

11. Pursuant to the provisions of Sections 605 and 607, 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, the undersigned, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.05, Florida Statutes. I further certify that this information will also be the annual report or supplemental annual report as required by law and is not confidential. I am a resident of the State of Florida and I am familiar with and accept the obligations of Section 607, Florida Statutes, and that my name appears on Block 1, or Block 1A, of the report as required by Chapter 190, Florida Statutes, and that my name appears on Block 1, or Block 1A, of the report as required by Chapter 190, Florida Statutes.

SIGNATURE: *S.K. Rhinehart* **S.K. RHINEHART** **4/24/95** **(908) 781-3381**