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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 28 1997 8:00am

Secretary of State

5-22-97 407-696-4411

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H72553

(1)

Mailing Address

H & W ALARM, INC.

Principal Place of Business

221 WILLIAMS RD. WINTER SPRGS. FL 32708 221 WILLIAMS RD. WINTER SPRGS. FL 32708 P O BOX 893 P O BOX 893 CASSELBERRY FL 32708 CASSELBERRY FL 32708-3628 3. Date Incorporated or Qualified 3a. Date of Last Report 06/25/1996 08/22/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2578408 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name LOGAN, MARILYN C. 221 WILLIAMS RD 62 Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS, FL 83 CASSELBERRY FL 32708 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change 1.1 TITLE TITLE LOGAN, MARILYN C. 1.2 NAME NAME 221 WILLIAMS RD 1.3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE LOGAN, JOHN M. 2.2 NAME 221 WILLIAMS RD 2.3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 2.4 CITY-ST-ZIP CITY - ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST - ZIP CITY: \$1 - 2IF Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE HILE 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY ST-ZIP Addition DELETE Change 6.1 TITLE THILE NAME 62 NAME 6.3 STREET ADDRESS STHEET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby cerlify 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