

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

**APPROVED AND FILED**

**95 APR 18 PM 10:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # H94558 (4)**

**1. Corporation Name**  
**ST. AUGUSTINE TOTAL SECURITY, INC.**

**Principal Place of Business**  
% **WILLIAM J. LENNON, SR.**  
**405 PONCE DE LEON BLVD**  
**ST AUGUSTINE FL 32084**

**Mailing Address**  
% **WILLIAM J. LENNON, SR.**  
**405 PONCE DE LEON BLVD**  
**ST AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE.

**2. Principal Place of Business**  
**21 405 S. Ponce de Leon Blvd**  
Suite, Apt. #, etc.

**2a. Mailing Address**  
**26 405 S. Ponce de Leon Blvd**  
Suite, Apt #, etc.

**22 City & State**  
**23 St. Augustine, FL**  
Zip **24 32084** Country **25 USA**

**27 City & State**  
**28 St. Augustine, FL**  
Zip **29 32084** Country **30 USA**

**3. Date Incorporated or Qualified**  
**01/15/1996**

**3a. Date of Last Report**  
**03/17/1994**

**4. FEI Number**  
**59-2628338**

**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**

**LENNON, WILLIAM J., SR.**  
**405 PONCE DE LEON BLVD**  
**ST AUGUSTINE FL 32084**

**10. Name and Address of New Registered Agent**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**405 S. Ponce de Leon Blvd.**

**83**

**84 City** **FL** **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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>LENNON, WILLIAM J., SR.</b>
<b>STREET ADDRESS</b>	<b>405 PONCE DE LEON BLVD</b>
<b>CITY - ST - ZIP</b>	<b>ST AUGUSTINE FL</b>
<b>TITLE</b>	<b>STD</b>
<b>NAME</b>	<b>LENNON, JUDITH</b>
<b>STREET ADDRESS</b>	<b>405 PONCE DE LEON BLVD</b>
<b>CITY - ST - ZIP</b>	<b>ST AUGUSTINE FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12 NAME</b>	
<b>13 STREET ADDRESS</b>	
<b>14 CITY - ST - ZIP</b>	
<b>21 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22 NAME</b>	
<b>23 STREET ADDRESS</b>	
<b>24 CITY - ST - ZIP</b>	
<b>31 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32 NAME</b>	
<b>33 STREET ADDRESS</b>	
<b>34 CITY - ST - ZIP</b>	
<b>41 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42 NAME</b>	
<b>43 STREET ADDRESS</b>	
<b>44 CITY - ST - ZIP</b>	
<b>51 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52 NAME</b>	
<b>53 STREET ADDRESS</b>	
<b>54 CITY - ST - ZIP</b>	
<b>61 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62 NAME</b>	
<b>63 STREET ADDRESS</b>	
<b>64 CITY - ST - ZIP</b>	

**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(9)(b), 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: Judith A. Lennon** **Judith A. Lennon** **4-4-95** **904-824-5556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED AND FILED  
95 APR 18 PM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE  
Incorporated or Qualified  
01/1986  
Number  
0036844  
Certificate of Status Desired  
Election Campaign Financing Trust Fund Contribution  
This corporation has liability for intangible tax under Florida Statutes  
Name and Address  
As (P.O. Box Number)  
Corporation submits this statement to the board of directors.  
ADDIT

FILE  
TALLAHASSEE  
8283 NW  
MIAMI FL

000360 CP