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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOCL	<b>JMENT</b>	#

DOCUMENT # H94558 (4) ST. AUGUSTINE TOTAL SECURITY, INC.				) îdelîrin binê rênin biren enkel e	<u> </u>	######################################	
Principal Place	of Business	Mailing Address	····				
405 S. PO 405 PONG ST AUGUS	nce de leon blyd. E de leon blyd Tine fl 32084	·					
US		US			3. Date Incorporated or Qualified	3a. Date of Last	•
2. Principal Pla	ace of Business	2a. Mailing Address			01/15/1986 4. FEI Number	04/18/	Applied For
21		26			59-2628938	<u> </u>	Not Applicable
Suite, Apt. #	t. etc.	Suite, Apt. #, etc	G.		5. Certificate of Status Desired		5 Additional
City & State		City & State			6. Election Campaign Financing	Fee	Required
23		28			Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	ntang ble tax under	
24	9. Name and Address of Curre	29 Agent	[30]		Florida Statutes X Yes		
<del></del>	VI Mario and Address of Carre	an registered Agent		Name	10. Name and Address of New Ro	egistered Agent	·
LENNO	ON, WILLIAM J., SR.				CO Parkland	<del></del>	
405 S.	PONCE DE LEON BLVD.		82	Street Addr	ress (P.O. Box Number is Not Acceptabl	e)	
ST AU	GUSTINE FL 32084		83				
			84	City		FL 85 2	ip Code
or registere	M AGGOL OF DOM: IN ME STATE OF FISH	ida. Such change was auth	entred by the corner	med corpor	abon submits this statement for the purp	jose of changing its	registered offic
SIGNATURE					ation submits this statement for the pured of directors. Thereby accept the appo		d agent. Lam
SIGNATURE _	algnature, tytied or printed name of registered agen		MOSE Projected Agric's			DATE	·· · · · · · ·
SIGNATURE	Signature, typed or printed remail of registered agen OFFICERS AN PD	nt and title it applicative ND DIRECTORS DELFTE	(NOCE Progratered Agent's		d when reinstatings	DATE	ORS IN 12
SIGNATURE	OFFICERS AN PD LENNON, WILLIAM J., SR.	nt and title in application  ID DIRECTORS  DELFTE	NOTE Projected Agents  13. 1.1 TILLE 1.2 NAME	Sejective re Lunos	d when reinstatings	DATE CERS AND DIRECT	ORS IN 12
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SIGNATURE: Judith

Lewis Judith A. Lennon 3-20-96 904-824-5551