

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J33339
1. Corporation Name

REGENCY SECURITY SERVICES

Principal Place of Business
**5399 NE 14 AVENUE
FT. LAUDERDALE, FL 33334**

Mailing Address
**P.O. Box 24503
1620 S. FEDERAL HWY #450
FT. LAUDERDALE, FL 33307**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/86	3a. Date of Last Report 03/16/94
4. FEI Number 59-2739845	Applied For ☐ Not Applicable
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

**MCCONDICHIE, DUNKLIN H.
5399 NE 14 AVENUE
SUITE 6
FT. LAUDERDALE, FL 33334**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

* 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MCCONDICHIE, DUNKLIN H.
STREET ADDRESS 1370 SOUTH OCEAN BLVD	
CITY, ST, ZIP POMPANO BEACH, FL	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	300001510063
5. TITLE	06/09/95=01081--001
6. NAME	****417.50 ****208.15
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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(3)(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: *Dunklin H. McCondicchie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUNKLIN H. M^CCONDICHIE

06 JUNE 95 **305-491-4112**
Date Telephone