

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

DOCUMENT # J38818 (7)

1. Corporation Name

J. & J. SECURITY SERVICES CORPORATION



Principal Place of Business

Mailing Address

LOCATION TRAIL: 2016 WOODLAND STREET
NEW SMYRNA BEACH FL 32168

LOCATION TRAIL: 2016 WOODLAND STREET
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified
10/17/1986

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **2016 WOODLAND ST**

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **New Smyrna Beach**

27

City & State

City & State

23 **New Smyrna Beach FL**

28

Zip

Zip

24 **32168**

25 **Volusia**

29

30

4. FEI Number

59-2731874

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHYLLIS ANN JARVIS
2016 WOODLAND STREET
NEW SMYRNA BEACH FL 32168**

81

Name **SAME**

82

Street Address (P.O. Box Number is Not Acceptable)

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

Phyllis JARVIS, DIRECTOR

Phyllis Jarvis

424-96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **JARVIS, ROBERT F JR.**
STREET ADDRESS **2016 WOODLAND DR.**
CITY-ST-ZIP **NEW SMYRNA FL 32168**

TITLE **ST** ☐ DELETE
NAME **JARVIS, PHYLLIS ANN**
STREET ADDRESS **2016 WOODLAND ST**
CITY-ST-ZIP **NEW SMYRNA FL 32168**

TITLE **VP** ☐ DELETE
NAME **KITSMILLER, JIM**
STREET ADDRESS **1625 CENTER STREET**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Phyllis Jarvis

PHYLLIS JARVIS, Director

424-96

904 428 7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)