

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:13

DOCUMENT # **J52191** (0)

1. Corporation Name
SAFEHOME SECURITY SYSTEMS, INC.

Principal Place of Business: **612 MARPHILL LOOP, BRANDON FL 33511-7128 US**
Mailing Address: **612 MARPHILL LOOP, BRANDON FL 33511-7128 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/13/1987**
3a. Date of Last Report Applied For: **02/15/1994**
4. FEI Number: **59-2752132**
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, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**ABERNATHY, DONALD R.
612 MARPHILL LOOP
BRANDON FL 33511**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **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 of applicant) (DATE) (Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ABERNATHY, DONALD R.
STREET ADDRESS	612 MARPHILL LOOP
CITY ST ZIP	BRANDON FL
TITLE	DVS
NAME	ABERNATHY, CHARLOTTE W.
STREET ADDRESS	612 MARPHILL LOOP
CITY ST ZIP	BRANDON FL
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

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

14. I 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 appointment with an addition.

SIGNATURE: **Donald R. Abernathy**
DIRECTOR AND REGISTERED AGENT

3/20/95 8136811019
Date (Typed Name)