

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90008 043 ***150.00

DOCUMENT # **J52679**

1. Corporation Name

SECURITY ANSWERING SERVICE, INC. OF SARASOTA



Principal Place of Business

1716 3RD ST.
SARASOTA FL 34236

Mailing Address

1716 3RD ST.
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1987

4. FEI Number

59-2766573

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

Security Answering Service
Suite, Apt. #, etc.

1716 Fruitville Rd.

City & State

Sarasota, FL

Zip

34236

Country

Sarasota

2a. Mailing Address

Security Answering Service
Suite, Apt. #, etc.

1716 Fruitville Rd.

City & State

Sarasota, FL

Zip

34236

Country

Sarasota

9. Name and Address of Current Registered Agent

DUGGAN, LANCE
1716 3RD ST.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

LANCE DUGGAN

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

1716 Fruitville Rd.

84 City

Sarasota

FL

85 Zip Code

34236

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **DUGGAN, LANCE**

STREET ADDRESS **1716 3RD ST.**

CITY-ST-ZIP **SARASOTA FL**

TITLE **STD** ☐ DELETE

NAME **DUGGAN, LISA**

STREET ADDRESS **1716 3RD ST.**

CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

LANCE DUGGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-99- 941-365-0885
Date Daytime Phone #

CR2E034 (5/99)

Answering Service

1716 Fruitville Rd., Sarasota, FL 34236
(813) 365-0885 Fax (813) 365-2946

J52679
583057-90008-43

07/01/99

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee FL. 32302-1500

To Whom it May Concern:

I do apologize for this payment being late. But I
must inform you that I did not receive the first notice
of the payment due. I hope this payment is satisfactory.

If there are any further questions or problems please
inform me right away.

Sincerely,



Lance Duggan
Registered Agent