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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 2:57

DOCUMENT # **J56723** **(6)**

1. Corporation Name
ALARMTEC SECURITY CORPORATION

Principal Place of Business	Mailing Address
671 BRENT LN P.O. BOX 11633 PENSACOLA FL 32524-9633 US	671 BRENT LN P.O. BOX 11633 PENSACOLA FL 32524-9633 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 671 Brent Ln.
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Pensacola, FL
Zip — 24: Country — 25:
Zip — 29: 32503 Country — 30: USA

4. FEI Number: 59-2769290 ☐ 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

MARTIN, JEFFREY T.
5405 ROWE TRAIL
PACE 32571

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 5051 Chumuckla Hwy.
03
04 City: Pace FL 05 Zip Code: 32571

11. Pursuant to the provisions of Sections 607.0505 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: _____ Jeffrey T. Martin April 6,1995
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when manual filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	☒ Change ☐ Addition	
NAME	MARTIN, JEFFREY T.	12 NAME		
STREET ADDRESS	5405 ROWE TRL	13 STREET ADDRESS	5051 Chumuckla Hwy.	
CITY-ST-ZIP	PACE FL	14 CITY-ST-ZIP	Pace, FL 32571	
TITLE	T	21 TITLE	☒ Change ☐ Addition	
NAME	MARTIN, JEFFREY T.	22 NAME		
STREET ADDRESS	5405 ROWE TRL	23 STREET ADDRESS	5051 Chumuckla Hwy.	
CITY-ST-ZIP	PACE FL	24 CITY-ST-ZIP	Pace, FL 32571	
TITLE		31 TITLE	☐ Change ☐ Addition	
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Jeffrey T. Martin April 6,1995 904 484-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466022 FP