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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90022 027 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # J56723

1. Corporation Name  
ALARMTEC SECURITY CORPORATION

Principal Place of Business  
671 BRENT LN  
P.O. BOX 11633  
PENSACOLA FL 32524-8633  
US

Mailing Address  
671 BRENT LN  
PENSACOLA FL 32524-8633  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/12/1987

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARTIN, JEFFREY T.  
5051 CHUMUCKLA HWY.  
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name  
MARTIN, JEFFREY T.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1608 E. Jackson Street  
83  
84 City Pensacola, FL 85 Zip Code 32501

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
MARTIN, JEFFREY T.  
5051 CHUMUCKLA HWY  
PACE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MARTIN, JEFFREY T.  
5051 CHUMUCKLA HWY  
PACE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
DPS  
MARTIN, JEFFREY T.  
1608 E. Jackson Street  
Pensacola, FL 32501 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
T  
MARTIN, JEFFREY T.  
1608 E. Jackson Street  
Pensacola, FL 32501 ☒ Change ☐ Addition

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

850-484-3200  
Daytime Phone #

CR2E034 (11/98)