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 # J60662 (0)

1. Corporation Name
CLASSIC SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
124 E SEMINOLE AVE EUSTIS FL 32726	120 E SEMINOLE AVE EUSTIS FL 32726 US

2. Principal Place of Business	2a. Mailing Address
21 511 Applewood Avenue	26 P.O. Box 162524
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Altamonte Springs, FL	28 City & State: Altamonte Springs, FL
24 Zip: 32714 — 25 Country: USA	29 Zip: 32716 — 30 Country: USA

3. Date Incorporated or Qualified: 03/06/1987
3a. Date of Last Report: 02/02/1995
4. FEI Number: 59-2855487 ☐ 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
KESSELRING, MERTON DANIEL
124 E SEMINOLE AVE
EUSTIS FL 32726

10. Name and Address of New Registered Agent
81 Name: Kesselring, Merton Daniel
82 Street Address (P.O. Box Number is Not Acceptable): 511 Applewood Avenue
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

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 ____________ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KESSELRING,MERTON DANIEL	
STREET ADDRESS	120 E SEMINOLE AVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	ST	☒ DELETE
NAME	KESSALRING, DENISE J	
STREET ADDRESS	120 E SEMINOLE AVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	V	☒ DELETE
NAME	SELLARS, BENJAMIN K	
STREET ADDRESS	9956 TIMBER OAKS CT.	
CITY-ST-ZIP	ORLANDO FL 32817	
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	V	☒ Change ☐ Addition
1.2 NAME	Michael J. Mahoney	
1.3 STREET ADDRESS	14 Orangewood Court	
1.4 CITY-ST-ZIP	Apopka, FL 32703	
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		

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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: ____________ 4/29/96 (407) 341-1704

SIGNATURE AND [redacted] OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

Merton [redacted] ...