FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** 1. Corporation Name ONGUARD SECURITY SYSTEMS, INC. Mailing Address Principal Place of Business P.O. BOX 92304 6732 RANCH RD LAKELAND FL 33804-2304 LAKELAND FL 33809-2226 US 3a. Date of Last Report 03/22/1995 3. Date Incorporated or Qualified 06/18/1987 Applied For 2. Principal Place of Business 2a. Mailing Address 59-2825966 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired X Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country **▼X**Yes □ No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRIFFITH, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 82 115 S MISSOURI AVE 101 S. FLORIDA AVE. LAKELAND FL 33801 Zip Code 33801-4619 84 LAKELAND, 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition TITLE □ DELETE 1. 1 TITLE LINDSAY, THOMAS T. III 1.2 NAME NAME 6732 RANCH RD 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition **VPS** Change T DELETE 2. 1 TITL€ TITLE LINDSAY, LINDA J. 2.2 NAME NAME 6732 RANCH ROAD STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 2 4 CITY - ST - ZIP CITY - \$1 - ZIP Change Addition TD DELETE 3.1 TITLE TITLE LINDSAY, LINDA J NAME 32 NAME 6732 RANCH ROAD 3.3. STREET ADDRESS STREET ADDRESS LAKELAND FL 34 CHTY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TillE TITLE 5.2 NAME 5.3 STREET ADDRESS STREE1 ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6 4 City - St - ZiF

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 within address.

CITY-ST-ZIP

MAY 27, 1996 941-646-1327 (12/95)

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