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FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J85932**
1. Corporation Name
ALM SECURITY SPECIALISTS, INC.

(8)

Principal Place of Business

Mailing Address

**425 OLD MILL ROAD
CARRABELLE FL 32322
US**

**PO BOX 1156
CARRABELLE FL 32322**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1987

4. FEI Number

59-2829560

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 435 Mill Road

Suite, Apt. #, etc.

22

City & State

23 Carrabelle FL

24 Zip 32322

Country **25 US**

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

Country **30**

9. Name and Address of Current Registered Agent

**MORRIS, ALVIN L
425 OLD MILL RD.
CARRABELLE FL 32322**

10. Name and Address of New Registered Agent

81 Name

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

435 Mill Road

83

84 City

Carrabelle

FL

85 Zip Code

32322

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

Alvin L. Morris
Signature, typed or printed name of registered agent and title if applicable

Alvin L. Morris, President

(NOTE: Registered Agent signature required when reinstating)

2-27-98
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MORRIS, ALVIN L**
STREET ADDRESS **425 OLD MILL ROAD**
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE **VST** ☐ DELETE

NAME **MORRIS, BEVERLY K**
STREET ADDRESS **425 OLD MILL ROAD**
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **435 Mill Road**
1.4 CITY-ST-ZIP **Carrabelle FL 32322**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **435 Mill Road**
2.4 CITY-ST-ZIP **Carrabelle FL 32322**

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

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: *Alvin L. Morris*
Alvin L. Morris
President

2-27-98 850 697-2555

CR2E034 (10/97)