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FILED
Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K01888 (2)
1. Corporation Name
SAFEGUARD SECURITY, INC.



Principal Place of Business: 319 SOUTH 6TH AVE, P.O. BOX 2048, WAUCHULA FL 33873-3048
Mailing Address: 319 SOUTH 6TH AVE, P.O. BOX 2048, WAUCHULA FL 33873-6048

3. Date Incorporated or Qualified: 11/03/1987
3a. Date of Last Report: 03/13/1996
4. FEI Number: 65-0036487
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
HUNT, KENNETH M.
319 S 6TH AVE
WAUCHULA FL 33873

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: DP
NAME: HUNT, KENNETH M.
STREET ADDRESS: 1010 BRIARWOOD DRIVE
CITY-ST-ZIP: WAUCHULA FL
[] DELETE
TITLE: DVT
NAME: HUNT, SHERRY A.
STREET ADDRESS: 1010 BRIARWOOD DRIVE
CITY-ST-ZIP: WAUCHULA FL
[] DELETE
TITLE: S
NAME: HUNT, SHERRY A.
STREET ADDRESS: 1010 BRIARWOOD DRIVE
CITY-ST-ZIP: WAUCHULA FL
[] DELETE
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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: *Sherry A. Hunt* DATE: 2/4/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sherry A. Hunt
Daytime Phone: (941) 773-3043

CP2E034 (9/96)