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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # K01888

1. Corporation Name
SAFEGUARD SECURITY, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	11/03/1987
4. FEI Number	65-0036487
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 528 West Main St Suite, Apt. #, etc. 22 PO Box 2048 City & State 23 Wauchula, FL Zip Country 24 33873 25 USA	26 528 West Main St Suite, Apt. #, etc. 27 PO Box 2048 City & State 28 Wauchula, FL Zip Country 29 33873 30 USA

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)	528 West Main Street
83	
84 City	FL
85 Zip Code	

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 substituting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUNT, KENNETH M.	
STREET ADDRESS	1010 BRIARWOOD DRIVE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	HUNT, SHERRY A.	
STREET ADDRESS	1010 BRIARWOOD DRIVE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUNT, SHERRY A.	
STREET ADDRESS	1010 BRIARWOOD DRIVE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered

SIGNATURE: Sherry A. Hunt Sherry A. Hunt 3/15/99 (941) 773-3043
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Day/Date/Phone #)

CR2E034 (1/198)