FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

officer or director of the corporal Block 12 or Block 13 if chapged

Jun 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Northam Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # K06294** (8) SECURITY SYSTEMS OF OCALA, INC. Principal Place of Business Mailing Address 2700 W. SILVER SPRINGS RD. 2700 W. SILVER SPRINGS RD OCALA FL-92875 OCALA FL-02075 DO NOT WRITE IN THIS SPACE 34474 34474 3. Date Incorporated or Qualified 12/10/1987 2. Principal Place of Business 2a. Mailing Address 4. FÉI Number Applied For 21 26 59-2860005 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes or has paid the current year Intangible U.S.A 34474 Personal Property Tax due June 30. X Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROGER JOHN, DUNN F Kos Dah 2700 W. SILVER SPRINGS BLVD. 82 OCALA FL 34474 83 84 City Zip Code 34474 OCALA 11. Pursuant to the provisions of Sections 607-6502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent by 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. Lam familiar with accept the obligations of Section 697.0505, Florida Statutes. SIGNATURE (NOTF: Registered Agont signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE. VICE PRESIDENT. Change TITLE 1.1 TITLE ROSOAHLENGS BLVO DUNN, JOHN F 1.2 NAME NAME 2700 W. SILVER SPRINGS 1.3 STREET ADDRESS STREET ADDRESS OCALA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 21 TITLE TITLE 2.2 NAME OSEPHING WARNER NAME 700 W. SILVER SPRINGS BLVD, STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP BUCLARD. DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 2700W. SILVER SPRINGS BLVD. STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Char 6.1 TITLE TITLE NAME 6.2 NAME 800002528238 -05/19/98--01008--028 6.3 STREET ADDRESS STREET ADDRESS CITY-S1-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 supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the performation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Pleat 13 or Pleat 13 in Ple

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