

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90086 032 \*\*\*150.00

DOCUMENT # K54456

1. Corporation Name

SUNRAY SECURITY SYSTEMS, INC.

Principal Place of Business

110 COMMERCIAL WAY  
SPRING HILL FL 34606

Mailing Address

110 COMMERCIAL WAY  
SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1988

4. FEI Number

59-2920891

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 335 SILVER MOSS LANE  
Suite, Apt. #, etc.

2a. Mailing Address

26 335 SILVER MOSS LANE  
Suite, Apt. #, etc.

City & State

23 TARPON SPRINGS, FL

City & State

28 TARPON SPRINGS, FL

Zip

Country

24 34689-7428 25 PINELLAS

Zip

Country

29 34689-7428 30 PINELLAS

9. Name and Address of Current Registered Agent

DOUGHERTY, JOHN, A  
5333 COMMERCIAL WAY  
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME MELVIN, RAYMOND J., JR.  
STREET ADDRESS 335 SILVER MOSS LANE  
CITY-ST-ZIP TARPON SPRINGS FL

☐ DELETE

TITLE STD  
NAME MELVIN, CLAUDIA  
STREET ADDRESS 335 SILVER MOSS LANE  
CITY-ST-ZIP TARPON SPRINGS FL

☐ DELETE

TITLE D  
NAME HORTSMANSHOF, RICHARD L  
STREET ADDRESS 1273 MARKHAM AVE  
CITY-ST-ZIP SPRING HILL FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Raymond J. Melvin, Jr. RAYMOND J MELVIN JR 1-25-99 (727) 942-6472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)