FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K54557** **(9)**

1. Corporation Name
ACS SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
403 TRESCA RD. UNIT 4 JACKSONVILLE FL 32225 US	403 TRESCA RD. UNIT 4 JACKSONVILLE FL 32225 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 03/21/1995
4. FEI Number: 59-2920653 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L.
1301 RIVERPLACE BLVD, SUITE 1500
SUITE 1500
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: LePrell, Samuel L.
82 Street Address (P.O. Box Number is Not Acceptable): 233 East Bay Street
83 Suite 901, Blackstone Building
84 City: Jacksonville FL 85 Zip Code: 32202

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: S L [signature] — 1/31/96
Signature, typed or printed name of Registered Agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MORRIS, HERBERT K.	
STREET ADDRESS	403 TRESCA RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PT	☐ DELETE
NAME	MORRIS, HERBERT K.	
STREET ADDRESS	403 TRESCA RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VS	☐ DELETE
NAME	MORRIS, BONNIE J.	
STREET ADDRESS	6229 RIVER GLENN	
CITY-ST-ZIP	JACKSONVILLE FL	
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		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] H K Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: ✓ — Daytime Phone #: 904-725-2240

CR2E034 (12/95)