

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K62797**

**(1)**

1. Corporation Name

**ALLSAFE SECURITY SERVICES, INC.**

Principal Place of Business

**9800 SUNBEAM CENTER DR.  
JACKSONVILLE FL 32257**

Mailing Address

**9800 SUNBEAM CENTER DR.  
JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**02/02/1989**

3a. Date of Last Report

**05/11/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**NOT APPLICABLE**

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. The corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐

☐

Yes No

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

**32257-1101**

25

**32257-1101**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRSCHNER, MAIN, PETRIE, GRAHAM & TANNER  
10 WEST ADAMS STREET  
JACKSONVILLE FL 32202**

81 Name  
**Kirschner, Main, Petrie, Graham, Tanner & Demott**

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

**One Independent Drive, Suite 2000**

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

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
JACKSON, LESTER MITCHELL  
9800 SUNBEAM CENTER DR.  
JACKSONVILLE FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

**Jacksonville, FL 32257-1101**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 amendment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (If None)