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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K98258** **(2)**

1. Corporation Name

SOUTHTRUST SENTINEL SERVICES, INC.

Principal Place of Business	Mailing Address
ANN R. WORTHINGTON 150 SECOND AVENUE NORTH THIRD FLOOR ST. PETERSBURG FL 33701	ANN R. WORTHINGTON 150 SECOND AVENUE NORTH THIRD FLOOR ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: **06/23/1989**
3a. Date of Last Report: **03/14/1995**

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

2a. Mailing Address
26
Suite, Apt. #, etc.: **P.O.Box 15708**
27
City & State: **St.Petersburg,FL**
28
Zip / Country: **33733** / **USA**
29 / 30

4. FEI Number: **59-2954635** ☐ 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

WORTHINGTON, ANN R.
150 SECOND AVENUE NORTH THIRD FLOOR
ST. PETERSBURG FL 33701

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVER, L. EUGENE 150 SECOND AVE. N. 3RD F ST. PETERSBURG FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIXON, JR., EDWIN H. 150 SECOND AVE. N. 3RD F ST. PETERSBURG FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition D PRESTON DONALD G. 150 SECOND AVE.N. 3rd F ST.PETERSBURG FL 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORTHINGTON, ANN R. 150 SECOND AVE. N. 3RD F ST. PETERSBURG FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: Ann R. Worthington **2/1/96** **813-894-1035**
ANN R. WORTHINGTON D
NAME AND TITLE OF PERSON SIGNING (ATTORNEY OR CORPORATE OFFICER OR DIRECTOR) — Date — Daytime Phone #