

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 # L06334

(1)

1. Corporation Name

SCOTT ALARM OF TAMPA, INC.



Principal Place of Business

13555 AUTOMOBILE BLVD  
SUITE 530  
CLEARWATER FL 34622  
US

Mailing Address

P. O. BOX 17682  
STE 530  
CLEARWATER FL 34622-0682  
US

3. Date Incorporated or Qualified  
08/03/1989

3a. Date of Last Report  
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0134255

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

10. Name and Address of New Registered Agent

TUTHILL, JOHN E ESO  
3300-49TH STREET NORTH  
ST PETERSBURG FL 33710

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 607.1506, 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 the corporation

Signature typed or printed name of new registered agent (required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P BUCK, STEPHAN F.  
STREET ADDRESS 3047 OVERLOOK PLACE  
CITY-STATE-ZIP CLEARWATER FL

TITLE ☐ DELETE  
NAME VP SCOTT, BURCE A.  
STREET ADDRESS 3362 SR 13  
CITY-STATE-ZIP SWITZERLAND FL

TITLE ☐ DELETE  
NAME ST BUCK, RONI L.  
STREET ADDRESS 3047 OVERLOOK PLACE  
CITY-STATE-ZIP CLEARWATER FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME BUCK, STEPHAN F.  
1.3 STREET ADDRESS 3750 E. VIA PALOMITA, #24-201  
1.4 CITY-STATE-ZIP TUCSON, ARIZONA 85718

2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME SCOTT, BRUCE A.  
2.3 STREET ADDRESS 3531 BEAUCLERC CIRCLE N.  
2.4 CITY-STATE-ZIP JACKSONVILLE, FLORIDA 32257

3.1 TITLE ST ☒ Change ☐ Addition  
3.2 NAME BUCK, RONI L.  
3.3 STREET ADDRESS 3750 E. VIA PALOMITA, #24-201  
3.4 CITY-STATE-ZIP TUCSON, ARIZONA 85718

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

Desktop Phone #

CR2E034 (12/95)