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 # **L11222** **(1)**

1. Corporation Name
PROFESSIONAL SECURITY SYSTEMS, INC.

Principal Place of Business
107 W MAIN ST
PERRY FL 32347

Mailing Address
107 W MAIN ST
PERRY FL 32347

3. Date Incorporated or Qualified: 08/24/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 215 N. Washington St.
Suite, Apt. #, etc.
22
City & State
23 Perry FL
Zip 24 32347 Country 25 USA Taylor

2a. Mailing Address
26 215 N. Washington St.
Suite, Apt. #, etc.
27
City & State
28 Perry FL
Zip 29 32347 Country 30 USA

4. FEI Number: 59-2965030 — 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
HILL, SIDNEY P.
107 WEST MAIN ST.
PERRY FL 32347

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 (signature printed below) of registered agent (with title) — Date — Registered Agent's Name (if other than corporation's existing) — Date

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HILL, SIDNEY P.	
STREET ADDRESS	RT. 3, BOX 335	
CITY-ST-ZIP	PERRY FL	
TITLE	DVS	☐ DELETE
NAME	HILL, SIDNEY P., JR.	
STREET ADDRESS	RT. 3, BOX 335	
CITY-ST-ZIP	PERRY FL	
TITLE	DT	☐ DELETE
NAME	HILL, TYSON M	
STREET ADDRESS	RT. 3 BOX 335	
CITY-ST-ZIP	PERRY 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	RT. 5 Box 78	
2.4 CITY-ST-ZIP	Perry FL 32347	
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)(x), 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: Sid Hill Jr. VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

904-584-9066
Daytime Phone #

CR2E034 (12/95)