FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11222

(1)

PROFESSIONAL SECURITY SYSTEMS, INC.

Principal Place of Business Mailing Address 215 N WASHINGTON ST 215 N WASHINGTON ST PERRY FL 32347 PERRY FL 32347 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/24/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2965030 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the currept year Intangible Yes Yes 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name HILL, SIDNEY P. 107 WEST MAIN ST. 82 Street my ten **PERRY FL 32347** 83 84 City Zip Code 3234つ Jam 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or jointed name of registered agent and title if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HILL, SIDNEY P. NAME 1.2 NAME RT. 3, BOX 335 STREET ADDRESS 1.3 STREET ADDRESS PERRY FL CITY-ST-ZIF 1.4 CITY - ST - ZIP Change DVS DELETE Addition TITLE 2.1 TITLE HILL, SIDNEY P., JR. NAME 2.2 NAME **RT 5 BOC 78** STREET ADDRESS 2.3 STHEET ADDRESS PERRY FL 2.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME HILL, TYSON M 3.2 NAME RT. 3 BOX 335 3 3 STREET ADDRESS STREET ADDRESS PERRY FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filing 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.

6.4 CITY-ST-ZIP