FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:04

DOCUMENT # **L14684** **(9)**

1. Corporation Name
LAW ENFORCEMENT DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
21973 US HWY 19 NORTH P O BOX 8473 CLEARWATER FL 34625-5473	21973 US HWY 19 NORTH P O BOX 8473 CLEARWATER FL 34625-5473

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: 221 Douglas Rd. E
Suite, Apt. #, etc. — 22: Unit #2
City & State — 23: Oldsmar FL
Zip — 24: 34677 Country — 25: USA

2a. Mailing Address — 26: P.O. Box 509
Suite, Apt. #, etc. — 27:
City & State — 28: Oldsmar, FL
Zip — 29: 34677-0009 Country — 30: USA

4. FEI Number: 59-2951499 ☐ 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

DILLON, JOHN A.
21973 US HWY 19 N.
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 221 Douglas Rd. E. Unit #2
83:
84 City: Oldsmar FL 85 Zip Code: 34677

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DILLON, JOHN A.	12 NAME	
STREET ADDRESS	21973 US 19 NORTH	13 STREET ADDRESS	221 Douglas Rd. E. Unit #2
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KNUST, MICHAEL J	22 NAME	
STREET ADDRESS	21973 US 19 NORTH	23 STREET ADDRESS	221 Douglas Rd E Unit #2
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 11 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Michael E Christman — Michael E Christman — 3-28-95 — 813 854-4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0370852 CP