

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90123 024 ***150.00

DOCUMENT # L14684

1. Corporation Name

LAW ENFORCEMENT DEVELOPMENT COMPANY

Principal Place of Business

221 EAST DOUGLAS ROAD
UNIT 2
OLDSMAR FL 34677
US

Mailing Address

PO BOX 509
OLDSMAR FL 34677
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1989

4. FEI Number

59-2951499

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 12950 58th Street, North
Suite, Apt. #, etc.

22 Unit # 116

City & State

23 Clearwater, FL

Zip

24 33760

Country

25 USA

2a. Mailing Address

26 2167 Marie Street
Suite, Apt. #, etc.

27

City & State

28 Westland MI

Zip

29 48185

Country

30 USA

9. Name and Address of Current Registered Agent

DILLON, JOHN A.
221 EAST DOUGLAS ROAD
#2
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

DILLON, John A.

82 Street Address (P.O. Box Number is Not Acceptable)

12950 58th Street, North Unit #16

83

84 City

Clearwater

FL

85 Zip Code

33760

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DILLON, JOHN A.
STREET ADDRESS 221 EAST DOUGLAS RD #2
CITY-ST-ZIP OLDSMAR FL

TITLE D ☐ DELETE

NAME KNUST, MICHAEL J
STREET ADDRESS 221 EAST DOUGLAS RD #2
CITY-ST-ZIP OLDSMAR 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

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 DILLON, John A.
1.3 STREET ADDRESS 12950 58th Street, North Unit #16
1.4 CITY-ST-ZIP Clearwater, FL 33760

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME KNUST, Michael J.
2.3 STREET ADDRESS 2167 Marie Street
2.4 CITY-ST-ZIP Westland, MI 48185

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 hereby 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-99 734-728-1350

CR2E034 (1/98)

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