

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 MAR 10 PM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L36120 (8)

1. Corporation Name

CAREFREE SECURITY, INC.

Principal Place of Business

**2400 N FORSYTH RD #203
ORLANDO FL 32807**

Mailing Address

**2400 N FORSYTH RD #203
ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

12/11/1989

3a. Date of Last Report

01/28/1994

4. FEI Number

59-2982132

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PHILLIP, GEORGE W.
8001 N DALE MABRY HWY
SUITE 401A
TAMPA FL 33614**

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, 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

NAME

PHILLIPS, GEORGE W.

STREET ADDRESS

8001 N DALE MABRY HWY

CITY - ST - ZIP

TAMPA FL

TITLE

P

NAME

GRIES, WALTER

STREET ADDRESS

2400 N. FORSYTH RD., STE 203

CITY - ST - ZIP

ORLANDO FL

TITLE

NAME

STREET ADDRESS

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