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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L36120

CAREFREE SECURITY, INC.

FILED Feb 08, 1999 8:00 am Secretary of State

02-08-1999 90039 043 ***150.00



Fillicipal Pia	ace or Business	Mailing Address				i cantinet adm title &t	igt tiniñ liñti kûtt ûlûil	uisii 81911 6 11	he miner midie imal	i
4316 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624-4657 US		CAREFREE SECURITY, INC. P.O. BOX 274131 TAMPA FL 33688-4131 US			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed				٦	
<u> </u>					•	12/11/1989				
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied For				\dashv	
1		26			59-2982132	•	<u> </u>	Not Applicable	$\exists :$	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	$\exists \exists$	
City & Ct-4		27			5. Certifcate of Status De	sired		Required	"	
City & State		City & State			6. Election Campaign Fin	ancing		0 Мау Ве	-	
3		28			Trust Fund Contributio			to Fees	-	
Zip Country		Zip Country			8. This corporation owes	the current year int			-	
4	25	29	30			Personal Property Tax		☐ Yes	□No	
	9. Name and Address of Current	Registered Agent		L.,		10. Name and Address o	f New Registered	Agent		1
PHI	LLIP, GEORGE W.	0		81	Name				·· ·	7
8001 N DALE MABRY HWY			82 Street Addr		Street Addre	ress (P.O. Box Number is Not Acceptable)				
	TE 401A			[00017.0010	iss (i .o. box (fullibe) is light	Acceptable) .			
	MPA FL 33614			83		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	रिकार है।	2 11 4,4	Sign Blair Fai	-
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I1. Pursuant	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607 1508, Florida Statu	tes, the a	bove	-named corpor	ration submits this statement		changing if	s registered	-
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	r Florida. Such change was a ons of, Section 607,0505. Fig	uthorized orida State	l by t	the corporation	s board of directors. I hereb	y accept the appoir	itment as r	egistered	1
SIGNATURE		3								1
	Signature, typed or printed name of registered agent a		: Registered	Agent	signature required v	when reinstating)	DATE			1 -
2	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES		D DIRECT	ORS IN 12	1 %
TLE	D	☐ DELETE	1,1 111	LE _				Change	☐ Addition	(11/98)
AME	PHILLIPS, GEORGE W.		1.2 NAME		ľ			_ •	_	
REETADDRESS 8001 N DALE MABRY HWY			1.3 STREET ADDRESS		ADDRESS					R2F034
TY-ST-ZIP	TAMPA FL		1.4 C/T	Y-ST-	ZIP			•		"
TLE	P	☐ DELETE	2.1 TIT	LE	_			Change	☐ Addition	
AME	GRIES, WALTER		2.2 NAME		ľ					
EETADDRESS 4316 CARROLLWOOD VILLAGE DE		DR	2.3 STREET ADDRESS		ADDRESS]
TY-ST-ZIP	TAMPA FL 33624			2. 4 CITY-ST-ZIP						
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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. On an attachment with an address, with all other like empowered.

IGNATURE:

NATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18. 1999 (813) 969-3569