

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

APPROVED
AND
FILED

95 MAR -6 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M81959 (2)
1. Corporation Name
UNITED SERVICE PROTECTION SYSTEMS, INC.

Principal Place of Business Mailing Address
877 EXECUTIVE CENTER DR W STE 205 877 EXECUTIVE CENTER DR W STE 205
P.O. BOX 21647 P.O. BOX 21647
ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/12/1988 3a. Date of Last Report 04/21/1994
4. FEI Number 59-2889989 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. 189.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KETTLESTRINGS, JOSEPH W.
877 EXECUTIVE CNTR DR W STE 205
ST. PETERSBURG FL 33702

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 of the person (or persons) named as registered agent and the corporation

(If the Registered Agent is a corporation, the signature of the person authorized to execute the filing is required)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, JIMMY C.	1.2 NAME	
STREET ADDRESS	877 EXECUTIVE CNTR DR W	1.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL	1.4 CITY, ST, ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	KETTLESTRINGS, JOSEPH	2.2 NAME	
STREET ADDRESS	877 EXECUTIVE CNTR DR W	2.3 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG FL	2.4 CITY, ST, ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, DWAYNE	3.2 NAME	
STREET ADDRESS	877 EXECUTIVE CNTR DR W	3.3 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph W. Kettlestrings

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR

3-1-95 (813) 578-1600

Date

Telephone Number