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Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33702-2472

3. Date Incorporated or Qualified 05/12/1988 3a. Date of Last Report 06/18/1996

4. FEI Number 50-2889989 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. 199.032, 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 24 Country 28 Zip 29 Country 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 typed or printed name of registered agent, if that applies (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | V                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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   | <input type="checkbox"/> Change <input type="checkbox"/> 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   | <input type="checkbox"/> Change <input type="checkbox"/> 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME  |   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: Joseph W. Kettlestrings 1/7/97 (813) 578-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)