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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M92513

(4)

THOMPSON SECURITY, INC.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State

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1840 LEMON A ENGLEWOOD I		1840 LEMON AVENUE ENGLEWOOD FL 34223		DO NOT WRITE	N THIS SPACE	
				3. Date Incorporated or Qualified		
<u> </u>				08/04/1988		
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
<u>21 5/5</u>	2 MARSH FIEW LL		H HELD L	<u>. 59-2898798</u>	Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	KOTA, FL	Chy-8 State 28 SPARSOT		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
調製化2 3	SS 25 SAPASOTA	34235 E	Country SARASOTI	This corporation owes or has pair Personal Property Tax due June :		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Istered Agent	
THOMPSON, RICHARD PAUL 1840 LEMON AVENUE ENGLEWOOD FL 34223 82 Strept Address (P.O. Box Number; is Not Acceptable) 83 Strept Address (P.O. Box Number; is Not Acceptable) 84 City SALPSOTO FL 85 310 6943 5						
11. Pursuant to the provisions of Soctions 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 land accept the obligations of Soction 807.0505, Florida Statutes. SIGNATURE						
	Signature, typed or printed name of registered agent		Registered Agent signature i		DATE TOO AND DIRECTORS IN 12	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC		
TETLE	P	DE DECENE	1.1 TITLE	TIDAN T. MCLAN 5152 MARSH FIEL	E CHANGE	
NAME	THOMPSON, RICHARD PAUL		1.2 NAME	5152 MARSH FIEL	DLN.	
STREET ADDRESS	1840 LEMON AVE		1.3 STREET ADDRESS	SARASONA, FL. 31	4235	
ÇITY-ST-ZIP	ENGLEWOOD FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	31104001147	Change Addition	
TITLE	V	Detter	B 1		C change C hashion	
, NAME	MCLANE, JOHN		2.2 NAME			
STREET ADDRESS	5152 MARSH FIELD LN		2.3 STREET ADDRESS		1	
CITY-ST-ZIP	SARASOTA FL	DELETE	2.4 CITY-ST-ZIP		Change Addition	
TITLE		ר"ו הנדנונ	3.1 TITLE		Change C Nacricin	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
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TITLE		☐ DELETE	4.1 TITLE		Li Change Li Addition	
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CITY-ST-ZIP		nei tyr	4.4 CITY-ST-ZIP	·	Change Addition	
TITLE		DELETE	5.1 TITLE		C change C Addition	
HAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		□ pricze	5.4 CITY-ST-ZIP		Change Addition	
TITLE		DELETE	6.1 TITLE		Find a state of the state of th	
, NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	die Cartier 440 07/07/0 Florido Cartiera (further earlifu that the information	
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 arrupal 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 or an attachment with an address.						