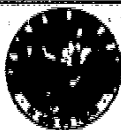


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N02903 (5)

1. Corporation Name

LAKE IN REGENCY PARK SECURITY PATROL, INC.

Principal Place of Business

Mailing Address

**8330 CIVIC DRIVE
PORT RICHEY FL 34868**

**8330 CIVIC DRIVE
PORT RICHEY FL 34868**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1984

3a. Date of Last Report

04/21/1994

4. FEI Number

59-2241302

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKS, MARTIN
8330 CIVIC DRIVE
PORT RICHEY FL 34868**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	MARKS, MARTIN
STREET ADDRESS	8028 DERBY LANE
CITY - ST - ZIP	PORT RICHEY FL
TITLE	VD
NAME	MATHIS, ALVIN
STREET ADDRESS	9841 CROFTON LN
CITY - ST - ZIP	PT RICHEY FL
TITLE	VD
NAME	NUZZI, LOUIS
STREET ADDRESS	8630 PAXTON DR.
CITY - ST - ZIP	PORT RICHEY FL
TITLE	D
NAME	LYOTE, BEA
STREET ADDRESS	9100 DRESDEN LN
CITY - ST - ZIP	PORT RICHEY FL
TITLE	SD
NAME	WUERTH, FRED
STREET ADDRESS	9241 WOLCOTT LANE
CITY - ST - ZIP	PORT RICHEY FL
TITLE	TD
NAME	GALLAGHER, JAMES F.
STREET ADDRESS	8808 PAXTON DR.
CITY - ST - ZIP	PORT RICHEY FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Martin Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/95

813-863-0016