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FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07188** (8)

1. Corporation Name

**LANARK/ST. JAMES SURVEILLANCE, INC.**

Principal Place of Business

Mailing Address

**CHILLAS HALL, HEFFERNAN DR.  
P O BOX 387  
LANARK VILLAGE FL 32323-0387**

**CHILLAS HALL, HEFFERNAN DR.  
P O BOX 387  
LANARK VILLAGE FL 32323-0387**



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

3. Date Incorporated or Qualified

**01/18/1985**

3a. Date of Last Report

**06/19/1996**

4. FEI Number

**59-2968604**

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

10. Name and Address of New Registered Agent

**DIETZ, RALPH C  
36-2 HOLLAND AVE  
LANARK VILLAGE FL 32323**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE  
NAME **DIETZ, RALPH**  
STREET ADDRESS **36-2 HOLLAND AVE**  
CITY-ST-ZIP **LANARK VILLAGE FL**

TITLE **VC** ☐ DELETE  
NAME **BRITZ, PETER**  
STREET ADDRESS **CAROLINA ST**  
CITY-ST-ZIP **LANARK VILLAGE FL**

TITLE **TD** ☐ DELETE  
NAME **DURBIN, BIX**  
STREET ADDRESS **IDAHO STREET**  
CITY-ST-ZIP **LANARK VILLAGE FL**

TITLE **TDV** ☐ DELETE  
NAME **DURBIN, DONOVAN**  
STREET ADDRESS **P O BOX 381, N IDAHO STR**  
CITY-ST-ZIP **LANARK VILLAGE FL**

TITLE **SD** ☐ DELETE  
NAME **DIETZ, RUTH**  
STREET ADDRESS **36-2 HOLLAND AVE**  
CITY-ST-ZIP **LANARK VILLAGE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C Dietz, Ralph** ☐ Change ☐ Addition  
1.2 NAME **36-2 Holland Ave**  
1.3 STREET ADDRESS **LANARK VILLAGE ,FL,**

1.4 CITY-ST-ZIP  
2.1 TITLE **VC** ☐ Change ☐ Addition  
2.2 NAME **Britz, Peter**  
2.3 STREET ADDRESS **Carolina St.**  
2.4 CITY-ST-ZIP **Lanark Village, Fl.**

3.1 TITLE **TD** ☐ Change ☐ Addition  
3.2 NAME **Durbin, bix**  
3.3 STREET ADDRESS **Idaho Street**  
3.4 CITY-ST-ZIP **Lanark Village ,Fl.**

4.1 TITLE **tdv** ☐ Change ☐ Addition  
4.2 NAME **Durbin, Donovan**  
4.3 STREET ADDRESS **P.O. BOX, 381 N Idaho Street**  
4.4 CITY-ST-ZIP **Lanark Village Fl.**

5.1 TITLE **SD** ☐ Change ☐ Addition  
5.2 NAME **Dietz Ruth**  
5.3 STREET ADDRESS **36-2 Holland Ave**  
5.4 CITY-ST-ZIP **Lanark Village, Fl.**

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ruth Dietz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/24/97**

Daytime Phone # **697-2852**

CR2E037 (9/96)