

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N07188

1. Corporation Name

LANARKIST. JAMES SURVEILLANCE, INC.

Principal Place of Business

CHILLAS HALL. HEFFERNAN DR.

P O BOX 387 LANARK VILLAGE FL 32323-0387 Mailing Address

CHILLAS HALL, HEFFERNAN DR. P O BOX 387

LANARK VILLAGE FL 32323-0387

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90037 028 ****61.25



| | | | | | | | | | | ì | | | | | | | |
|-------------------------|---|---------|---|---------------|---------------|---------------------|------------------------|---|-----------------------|-------------------------------|--|-----------------------------|-----------------|--------|----------|-------------------|--|
| 2. Principal P | Principal Place of Business 2a. Mailing Address | | | | | | | | | Date Incorporated or Qualifed | | | | | | | |
| 21 | 11 | | | | 26 | | | | | | 01 | 1/18/1985 | | | | | |
| | Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | | | El Number | | _ | | lied For | |
| | | | | | 27 | | | | | | 59 | 9-2968604 | | | | Applicable | |
| City & Stat | e | | | | City & State | | | | | 5. | Ce | ertifcate of Status Desired | П | | | Iditional | |
| 23 | | | | 28 | | | | | | <u> </u> | | | | Fe | e Req | uired | |
| Zip | _ | (| Country | | Zip Country | | | | | 6. | | ection Campaign Financin | g 🗆 | | - | lay Be | |
| 24 | : | | 30 | 30 | | | | | ust Fund Contribution | | | ded to | Fees | | | | |
| | Address of Current | | | | 10. | Na | ame and Address of Nev | v Registered A | \gent | | . | | | | | | |
| | | | | | | | 81 | Na | me | | | | | | | | |
| DIETZ, RALPH C | | | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| 36-2 HOLLAND AVE | | | | | | | | | | | | | | | | | |
| LANARK VILLAGE FL 32323 | | | | | | | | | | | | | | | | | |
| English Hetroet is dece | | | | | | | | Cit | | | | | | 85 | Zip C | ode | |
| | | | | | | | 84 | | • | | | | FL | | | | |
| 11. Pursuant | to the provisi | ons | of Sections 617,0502 | 2 and 6 | 17.1508, Flo | orida Statutes, | the above | -nan | ned corpo | oration | n su | ubmits this statement for t | he purpose of | changi | ng its r | egistered | |
| office or r | anietared and | nt r | or both, in the State of ad accept the obligat | of Florid | la. Such cha | ange was auth | onzea ov | tne c | orporatio | n's bo | oard | d of directors. I hereby ac | cept the appoin | tment | as reg | stered | |
| _ | m lambiar wit | n, ar | id accept the obligat | ions or, | Jocuon o i | 7.0000, 1 101100 | | • | | | | | | | | | |
| SIGNATURE | Slansture, typed | or orin | ted name of registered agent | t and title i | f applicable. | (NOTE: Re | gistered Ager | t signe | ture required | | | | DATE | | | | |
| 12. | | | | | | | | 13. | | | ADE | DITIONS/CHANGES TO | OFFICERS AN | | | | |
| TITLE | С | | | | | DELETE | 1.1 TITLE | | | | | | | ☐ Ch | ange | Addition Addition | |
| NAME | DIETZ, RA | LPH | | | | | 1.2 NAME | | Ī | n | | | | | | | |
| STREET ADDRESS | | | | | | | | | ESS | So | درا | ne. | | | | | |
| CITY-ST-ZIP | LANARK V | | | | | | 1,4 CITY-S | T-ZIP | | | | _ | | | | | |
| TITLE | VC | | | | | DELETE | 2.1 TITLE | | | | | | | Ch | ange | ☐ Addition | |
| NAME | BRITZ, PE | | 2.2 NAME | | 1 | | ii. | | | | | | | | | | |
| STREET AODRESS | CAROLINA | | | | | | 2,3 STREE | STREET ADORESS | | | * ~ | al | | | | | |
| CITY-ST-ZIP | LANARK V | | | | 2.4(| | | 2.4 CITY-ST-ZIP | | | | ,, | | | | _ | |
| TITLE | TD | | TOL TE | | | DELETE 3,1 TI | | | 3.1 TITLE | | | | | □ Ch | ange | Addition | |
| NAME | ·- | | | | | | | 3.2 NAME | | | , | | | | | | |
| STREET ADDRESS | IDAHO STREET | | | | | | | 3,3 STREET ADDRESS | | | | re | | | | | |
| CITY-ST-ZIP | DATO OTTLET | | | | | | | | 3.4. CITY-ST-ZIP | | | ne ve | | | | | |
| TITLE | TDV | | IOE IL | | | DELETE | 4.1 TITLE | | | | | | | Ch | ange | ☐ Addition | |
| NAME | , | אחר | OVAN | | _ | | 4. 2 NAME | | | 1 | | . 1/ | | | | | |
| | BONDIN, BONO VAIT | | | | | | | | 4.3 STREET ADDRESS | | | w | | | | | |
| STREET ADDRESS | LANARK V | | | | | | 4.4 CITY-S | | | | | | | | | | |
| CITY-ST-ZIP | SD SD | ILL/ | IOL IL | | | DELETE | 5.1 TITLE | 1-217 | _ | Sa. | | | | □ Ch | ange | Addition | |
| | l | πμ | | | | | 5.2 NAME | | | 0 | | | | _ | - | | |
| NAME | Dietz, Ru 36-2 Holi | | n AVE | | | | 5,3 STREE | ADDF | ESS . | la. | m | e l | | | | | |
| STREET ADDRESS | | | = | | | | 5.4 CITY-S | | | - · | | | | | | | |
| CITY-ST-ZIP | LANARK V | للبار | NUE FL | | | DELETE | 6.1 TITLE | , · 💴 | _ | | | | | Ch | ange | Addition | |
| TITLE | 1 | | | | | | 6.2 NAME | | | | | | | | ٠. | _ | |
| NAME | | | | | | | 63 STREE | TADDE | | | | | | | | | |

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP