

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90110 043 ****61.25

DOCUMENT # N09332

1. Corporation Name

PARKWOOD ACRES SECURITY PATROL, INC.

104485 90110 43 5 *

Principal Place of Business

9734 DICK ST.
HUDSON FL 34669

Mailing Address

9734 DICK ST.
HUDSON FL 34669



2. Principal Place of Business

21 9734 Dick St.

2a. Mailing Address

26 % Jane Aldrich

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

9704 Ed St.

City & State

23 HUDSON, FL.

City & State

28 HUDSON, FL.

Zip

24 34669

Country

25 PASCO

Zip

29 34669

Country

30 PASCO

3. Date Incorporated or Qualified

05/16/1985

4. FEI Number

59-2929033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RILEY, WALTER
12710 PARK WOOD ST
HUDSON FL 34669

10. Name and Address of New Registered Agent

81 Name

Same

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

Walter Riley
Signature, typed or printed name of registered agent and type if applicable.

WALTER RILEY
(NOTE: Registered Agent signature required when reinstating)

01-11-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME RILEY, WALTER
STREET ADDRESS 12710 PARKWOOD ST
CITY-ST-ZIP HUDSON FL 34669

TITLE VP ☒ DELETE
NAME HOCKENSMITH, HARVEY
STREET ADDRESS 9807 TOM ST
CITY-ST-ZIP HUDSON FL 34669

TITLE T ☒ DELETE
NAME BECK, BILL
STREET ADDRESS 12130 CHUCK CIRCLE
CITY-ST-ZIP HUDSON FL

TITLE D ☒ DELETE
NAME MARKLE, TRACY
STREET ADDRESS 9533 ANDY DR.
CITY-ST-ZIP HUDSON FL

TITLE D ☐ DELETE
NAME EVERETT, WILLIS
STREET ADDRESS 9811 BUDD STREET
CITY-ST-ZIP HUDSON FL

TITLE D ☐ DELETE
NAME CHAPMAN, AL
STREET ADDRESS 9642 RAY ST
CITY-ST-ZIP HUDSON FL 34669

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Dennis Ratajczyk
2.3 STREET ADDRESS 9613 Gary St.
2.4 CITY-ST-ZIP Hudson, FL. 34669

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME Margaret Conrads
3.3 STREET ADDRESS 9705 Ed St.
3.4 CITY-ST-ZIP Hudson, FL. 34669

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Evelyn Mertes
4.3 STREET ADDRESS 12519 Parkwood St.
4.4 CITY-ST-ZIP Hudson, FL. 34669

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 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.

SIGNATURE: *Margaret Conrads* 01-11-99 (727) 869-6491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0071791

CR2E037 (11/98)