FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11244 (3)

1. Corporation Name

HOLIDAY LAKE ESTATES SECURITY PATROL, INC.

Principal Place of Business	Mailing Address
3531 HARVARD DR HOLIDAY FL 34691	3531 HARVARD DR HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1985
3a. Date of Last Report: 03/09/1994
4. FEI Number: NOT APPLICABLE ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 3524 Harvard Dr. Holiday	26 3524 HARVARD DR Holiday FL 34691
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LUNT, FRED
1351 SOLAR DR
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name: Simson, Bernice
82 Street Address (P.O. Box Number is Not Acceptable): 1345 Dartmouth Dr.
83
84 City: Holiday FL 85 Zip Code: 34691

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: Bernice Simson BERNICE SIMSON — DATE: 3/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMSON, ALFRED	1.2 NAME	
STREET ADDRESS	1345 CARTHMOUTH DR	1.3 STREET ADDRESS	1345 Darkmouth Dr.
CITY-ST-ZIP	HOLIDAY FL 34691	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	PATAK, ARTHUR	2.2 NAME	BEN GENTILE
STREET ADDRESS	1715 KENELWORTH	2.3 STREET ADDRESS	3028 Caldwell Dr.
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	Holiday FLORIDA 34691
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	SCHNEIDER, DELPHINE	3.2 NAME	ANNEMARIE SCIOTTI
STREET ADDRESS	3531 HARVARD DR	3.3 STREET ADDRESS	3524 HARVARD DR
CITY-ST-ZIP	HOLIDAY FL 34691	3.4 CITY-ST-ZIP	HOLIDAY FLORIDA 34691
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FOLEY, WARREN	4.2 NAME	
STREET ADDRESS	3709 OXFORD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, EDWARD	5.2 NAME	
STREET ADDRESS	3854 HOLIDAY LAKE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	TRANT, ANN MARIE	6.2 NAME	PETER SYLVIA
STREET ADDRESS	1018 CLASSIC DR	6.3 STREET ADDRESS	1024 Chelsea
CITY-ST-ZIP	HOLIDAY FL 34691	6.4 CITY-ST-ZIP	Holiday FL 34691

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 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: Annemarie Sciotti (Treasurer-Sec.) — May 1, 95 — 813 934-8613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANNEMARIE SCIOTTI

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