FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N11244

1. Corporation Name
HOLIDAY LAKE ESTATES SECURITY PATROL, INC.

800001782898
-04/16/96--01131--037
***61.25

Principal Place of Business	Mailing Address
1242 NORMANAY BLVD. HOLIDAY, FL. 34691-5180	1242 NORMANDY BLVD. HOLIDAY, FL. 34691-5180

3. Date Incorporated or Qualified: 09-24-1985
3a. Date of Last Report: 2-28-95

2. Principal Place of Business	2a. Mailing Address
21 HOLIDAY LAKE ESTATES	26 1242 NORMANDY BLVD.
Suite, Apt. #, etc. 22 1242 NORMANDY BLVD.	Suite, Apt. #, etc. 27
City & State 23 HOLIDAY, FL.	City & State 28 HOLIDAY, FL.
Zip / Country 24 34691-5180 / 25 PASCO	Zip / Country 29 34691-5180 / 30 PASCO

4. FEI Number: 59-2240505 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMSON, BERNICE 1345 DARTMOUTH DR. HOLIDAY, FL. 34691-5180	81 Name: ~~STATE~~ SIMSON, BERNICE 82 Street Address (P.O. Box Number is Not Acceptable): 1345 DART MOUTH DR. 83 84 City: HOLIDAY FL 85 Zip Code: 34691

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: T. BERNICE SIMSON — Bernice T. Simson — 4/1/96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARES SIMSON, AL 1345 DARTMOUTH DR. HOLIDAY, FL. 34691-5180 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P. AL SIMSON ☐ Change ☐ Addition ~~STATE~~ 1345 DARTMOUTH DR. HOLIDAY, FL. 34691
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC'y & TREASURER 3524 HARVARD DR. HOLIDAY, FL. 34691-5180 ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SEC'y MILORED WEST ☒ Change ☐ Addition 1242 NORMANDY BLVD. HOLIDAY, FL. 34691-5180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC'y. & TREAS ANNEMARIE SCIOTTI ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	TREAS. JIM STEWART ☒ Change ☐ Addition 1230 VIKING HOLIDAY, FL. 34691-5180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. BEN GENTILE 3028 COLDWELL DR. HOLIDAY, FL. 34691-5180 ☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V.P. GARY HUNTER ☒ Change ☐ Addition 1298 ORANGEVIEW LN. HOLIDAY, FL. 34691-5180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. ANNMARIE TRANT 1018 CLASSIC DRIVE HOLIDAY, FL. 34691-5180 ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D. ANNMARIE TRANT ☐ Change ☐ Addition 1018 CLASSIC DRIVE HOLIDAY, FL. 34691-5180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. FOLEY, WARREN 3709 OXFORD DR. HOLIDAY, FL. 34691-5180 ☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D. BEN GENTILE ☒ Change ☐ Addition 3028 COLDWELL DR. HOLIDAY, FL. 34691-5180

CR2E037 (12/95)

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)(k), 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: James W Stewart Treas. — 3/21/96 — 813-934-1436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SG 4-16-96