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 APR 21 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47272 (2)

1. Corporation Name
JASMINE LAKES SECURITY PATROL, INCORPORATED

Principal Place of Business	Mailing Address
7137 JASMINE BOULEVARD PORT RICHEY FL 34668	7137 JASMINE BOULEVARD PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1992	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3112083	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	26
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	10. Name and Address of New Registered Agent
HENNESSY, AUSTIN R. 7137 JASMINE BOULEVARD PORT RICHEY FL 34668	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 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 AUSTIN R. HENNESSY PRESIDENT Austin R. Hennessy 4-17-95
Signature, typed 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HENNESSY, AUSTIN R.	1.2 NAME	
STREET ADDRESS	7407 STAR DUST DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	~~WILSON, CHARLES G~~	2.2 NAME	THOMAS HAINES, SR.
STREET ADDRESS	~~7821 PORTAGE DR.~~	2.3 STREET ADDRESS	7736 PINEAPPLE LANE
CITY-ST-ZIP	~~PORT RICHEY FL~~	2.4 CITY-ST-ZIP	PORT RICHEY, FLA. 34668
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	~~SCOTT, DALLAS~~	3.2 NAME	JERI ZABORNIAK
STREET ADDRESS	~~10860 HONEYSUCKLE LN~~	3.3 STREET ADDRESS	10334 HICKORY HILL DRIVE
CITY-ST-ZIP	~~PORT RICHEY FL~~	3.4 CITY-ST-ZIP	PORT RICHEY, FLA. 34668
TITLE	TD	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	DEGROAT, ELIZABETH	4.2 NAME	(NO CHANGE)
STREET ADDRESS	10331 HICKORY HILL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	PATRICK, MERLE	5.2 NAME	(NO CHANGE)
STREET ADDRESS	7021 PINEAPPLE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	~~DONLAN, JOHN~~	6.2 NAME	ANNA MAE HENNESSY
STREET ADDRESS	~~10044 HICKORY HILL DR.~~	6.3 STREET ADDRESS	7407 STAR DUST DRIVE
CITY-ST-ZIP	~~PORT RICHEY FL~~	6.4 CITY-ST-ZIP	PORT RICHEY, FLA. 34668

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: AUSTIN R. HENNESSY, PRESIDENT 4-17-95 813-862-2234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #