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Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N47272 (2)**
1. Corporation Name
JASMINE LAKES SECURITY PATROL, INCORPORATED



Principal Place of Business
**7137 JASMINE BOULEVARD
PORT RICHEY FL 34668**

Mailing Address
**7137 JASMINE BOULEVARD
PORT RICHEY FL 34668-3120**

3. Date Incorporated or Qualified **02/11/1992** 3a. Date of Last Report **02/21/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3112083		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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 **AUSTIN R. HENNESSY** *Austin R. Hennessy* DATE **1.13.97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, THOMAS S	2.2 NAME	
STREET ADDRESS	7736 PINEAPPLE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	2.4 CITY - ST - ZIP	
TITLE	SDX <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	X HENNESSY, AUSTIN R. X	3.2 NAME	LOIS ANDERSON
STREET ADDRESS	X 7407 STAR DUST DR. X	3.3 STREET ADDRESS	10329 GARDENIA LANE
CITY - ST - ZIP	X PORT RICHEY FL X	3.4 CITY - ST - ZIP	PORT RICHEY, FLA. 34668
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGROAT, ELIZABETH	4.2 NAME	
STREET ADDRESS	10331 HICKORY HILL DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	4.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INSALACO, THERESA	5.2 NAME	
STREET ADDRESS	10610 LABURNUM DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSY, ANNA M	6.2 NAME	
STREET ADDRESS	7407 STAR DUST DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **AUSTIN R. HENNESSY** *Austin R. Hennessy* DATE **1.13.97** 813-862-2234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0088287

CR2E037 (9/96)