


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47272** (2)
1. Corporation Name
JASMINE LAKES SECURITY PATROL, INCORPORATED



Principal Place of Business 7137 JASMINE BOULEVARD PORT RICHEY FL 34868	Mailing Address 7137 JASMINE BOULEVARD PORT RICHEY FL 34868
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3. Date Incorporated or Qualified 02/11/1992	
4. FEI Number 59-3112083	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 34868**

81 Name John K. BENKE II
82 Street Address (P.O. Box Number Is Not Acceptable) 1637 LITTLE ROAD
83
84 City NEW PORT RICHEY FL
85 Zip Code 34654

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 **John K. Benke II** DATE **4-29-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HENNESSY, AUSTIN R.	
STREET ADDRESS	7407 STAR DUST DR.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAINES, THOMAS S	
STREET ADDRESS	7736 PINEAPPLE LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, LOIS	
STREET ADDRESS	10329 GARDENIA LANE	
CITY-ST-ZIP	PT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DEGROAT, ELIZABETH	
STREET ADDRESS	10331 HICKORY HILL DR.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	INSALACO, THERESA	
STREET ADDRESS	10610 LABURNUM DRIVE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENNESSY, ANNA M	
STREET ADDRESS	7407 STAR DUST DRIVE	
CITY-ST-ZIP	PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES SKELTON	
1.3 STREET ADDRESS	7739 JASMINE BLVD.	
1.4 CITY-ST-ZIP	PORT RICHEY, FL.	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RON COOPER	
2.3 STREET ADDRESS	7740 TALISMAN DR.	
2.4 CITY-ST-ZIP	PORT RICHEY, FL.	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHARMAINE SACRE	
3.3 STREET ADDRESS	10205 HICKORY HILL DR.	
3.4 CITY-ST-ZIP	PORT RICHEY, FL.	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAROL TAYLOR	
4.3 STREET ADDRESS	7830 JASMINE BLVD.	
4.4 CITY-ST-ZIP	PORT RICHEY, FL.	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VANCE GARRINGER	
5.3 STREET ADDRESS	10321 HONEYSUCKLE LN.	
5.4 CITY-ST-ZIP	PORT RICHEY, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Charles Skelton** DATE **4/26/98** (813) **861-3421**

CR2E037 (10/97)