

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90267 029 \*\*\*\*61.25

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**DOCUMENT # N47272**

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



2. Principal Place of Business

21 Suite, Apt. #, etc:

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

02/11/1992

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

9. Name and Address of Current Registered Agent

JOHN K RENKE II  
7637 LITTLE RD  
NEW PT RICHEY FL 34654

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHARLES SKELTON  
STREET ADDRESS 7739 JASMINE BLVD  
CITY-ST-ZIP PORT RICHEY FL ☐ DELETE

TITLE VD  
NAME RON COOPER  
STREET ADDRESS 7740 TALISMAN DR  
CITY-ST-ZIP PORT RICHEY FL ☒ DELETE

TITLE SD  
NAME CHARMAINE SACHRE  
STREET ADDRESS 10205 HICKORY HILL DR.  
CITY-ST-ZIP PT RICHEY FL ☐ DELETE

TITLE TD  
NAME CAROL TAYLOR  
STREET ADDRESS 7830 JASMINE BLVD  
CITY-ST-ZIP PORT RICHEY FL ☐ DELETE

TITLE D  
NAME VANCE GARRINGER  
STREET ADDRESS 10321 HONEYSUCKLE LN  
CITY-ST-ZIP PORT RICHEY FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 (727) 861-3421  
Date Daytime Phone #

CR2E037\_ (11/98)