

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90017 020 ****61.25

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1. Corporation Name

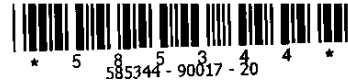
SUNNY HILLS CRIME PATROL, INC.

Principal Place of Business

4298 COUNTRY CLUB BLVD.
SUNNY HILLS FL 32428

Mailing Address

4298 COUNTRY CLUB BLVD.
SUNNY HILLS FL 32428



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/10/1996

1. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-3413598

Applied For

Not Applicable

2. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

3. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

4. 25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCEVOY, FRED
4298 COUNTRY CLUB BLVD.
SUNNY HILLS FL 32428

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JOHNSON, WILLIAM
STREET ADDRESS 4545 HANCOCK COURT
CITY-ST-ZIP SUNNY HILLS FL 32428 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME WASILEWSKI, HENRY K
STREET ADDRESS 4114 CAMBRIDGE DRIVE
CITY-ST-ZIP SUNNY HILLS FL 32428 ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VPD**
2.3 STREET ADDRESS **DENZIL WALTON**
2.4 CITY-ST-ZIP **446V HANCOCK CT**
SUNNY HILLS, FL 32428

TITLE D
NAME MCEVOY, FRED
STREET ADDRESS 4298 COUNTRY CLUB BLVD.
CITY-ST-ZIP SUNNY HILLS FL 32428 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME VYSNIUSKAS, JONAS
STREET ADDRESS 4129 MERRIFIELD COURT
CITY-ST-ZIP SUNNY HILLS FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME KILEY, JOHN
STREET ADDRESS 4454 HANCOCK
CITY-ST-ZIP SUNNY HILLS FL 32428 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

7/6/99 (850) 773-2374

CR2E037 (5/99)