## SECOND NOTICE: CORPORATION WILL BE DISSCLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham

ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

| <b>DOCUMEN</b>                       | Τ |
|--------------------------------------|---|
| <ol> <li>Corporation Name</li> </ol> |   |

P25637

(0)

| ACCODINADI C  |      | <b>PROTECTION</b> | Œ   | GEODGIA  | INC |
|---------------|------|-------------------|-----|----------|-----|
| APPLIKIJANI P | FIRE | PRUIFUIUM         | UT. | GEURGIA. | mu. |

|                                 | ADLE FINE PROTECTION  |  |  |   |   |   |           |
|---------------------------------|---|--|--|---|---|---|-----------|
| Principal Place                 | or Business   | Mailing Address  |  |   |   |   |           |
| 5730 OAKBROO                    | DK PARKWAY  | 5730 OAKBROOK PARK<br>140  | WAY  |   |   |   |           |
| 1410<br>Norcross ga 30093<br>US |   | NORCROSS GA 30093<br>US  |  |   | 3. Date Incorporated or Qualified 08/16/1989  | 3a. Date of Last Report <b>04/18/1995</b> |           |
| 2. Principal Pla                | ce of Business  | 2a. Mailing Address  |  |   | 4. FEI Number   | Applied                                   | d For     |
| 1                               |   | 26   |  |   | 57-0829356  | Not Ap                                    | plicable  |
|                                 | Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |  |   | 5. Certificate of Status Desired  | \$8.75 Addit                              |           |
| 2                               |   | 27   |  |   |   | Fee Require                               |           |
| City & State                    |   | City & State   |  |   | Election Campaign Financing     Trust Fund Contribution                             | \$5.00 May<br>Added to Fe                 |           |
| <b>23</b><br>Zip                | Country   | <b>28</b> Zip  | Cour   | ntrv  | This corporation has liability for it.  | · · · · · · · · · · · · · · · · · · ·     |           |
| 24                              | 25  | 29   | 30   | ,   | Florida Statutes  | Yes No                                    | .000      |
| 1                               | 9. Name and Address of Curi   |  |  |   | 10. Name and Address of New Re  | gistered Agent                            |           |
| 1 CT (                          | CORPORATION SYSTEM  |  |  | 81 Name   |   |   |           |
|                                 | S. PINE ISLAND ROAD   |  | }  | 82 Street Add   | dress (PO Box Number is Not Acceptable)   |   |           |
|                                 | NTATION FL 33324  |  | ļ  |   | · · · · · · · · · · · · · · · · · · ·   |   |           |
| •                               |   |  |  | 83  |   |   |           |
|                                 |   |  |  | 84 City   |   | FL 85 Zip Code                            | 0         |
| 44 Durawant to                  | the requisions of Sections 607.0  | 1502 and 607 1508 Florida State  | itos lho ab                                  | ove-named corr  | poration submits this statement for the pu  | roose of changing its regi                | stered    |
| agent Lan                       | gistered agent, or both, in the Sta<br>n familiar with, and accept the ob   | ligations cf, Section 607.0505, F  | Iorida Statu                                 | ites<br>(Agent signature requ                               | on's board of directors. I hereby accept  | (MA)                                      |           |
| 12.                             | OFFICERS.   | AND DIRECTORS  | 13.  |   | ADDITIONS/CHANGES TO OFFIC  | ····                                      |           |
| TITLE                           | 8   | DELETE   | 11 10  |   |   | Change                                    | Addition  |
| NAME                            | COREY, DONALD R.  |  | 1.2 NA                                       |   |   |   |           |
| STREET ADDRESS                  | 16702 SPINNAKER LANE  |  | 1  | REET ADDRESS  |   |   |           |
| CITY-ST-ZIP<br>TITLE            | HUNTERSVILLE NC   | DELETE   | 1 4 CI                                       | TY-ST-ZIP   |   | Change                                    | Addition  |
| NAME                            | P<br>Crosswy, D. Milton, Jf   |  | 22 N/  |   |   |   |           |
| STREET ADDRESS                  | 3541 CASTLE HILL CT.  | 34   | 1  | HEET ADDRESS  |   |   |           |
| CITY - ST-ZIP                   | TUCKER GA   |  | 2 4 0  | iTY - ST - ZiP  |   |   |           |
| TITLE                           |   | DELETE   | 3 1 11                                       | īL <b>F</b>   |   | Change                                    | Addition  |
| NAME                            |   |  | 3 2 N/                                       | AME   |   |   |           |
| STREET ADDRESS                  |   |  |  | REET ADDRESS  |   |   |           |
| CITY-ST-ZIP                     |   | - Totita   |  | HTY - ST - ZIP  |   | Change                                    | Add tion  |
| TITLE                           |   | DELETE   | 411  |   |   | onenge []                                 | nuu tioti |
| NAME                            |   |  | 4 2 N  | AME<br>IREET ADDRESS  |   |   |           |
| STREET ADDRESS                  |   |  |  | TY-ST-ZIP   |   |   |           |
| CITY-ST-7/P<br>THLE             |   | DELETE   | 5 1 TI                                       |   |   | Change                                    | Addition  |
| NAME                            |   | <u></u>  | 5 2 N  | AME   |   |   |           |
| STREET ADDRESS                  |   |  | 535  | TREET ADDRESS   |   |   |           |
| CITY-ST-ZIP                     |   |  | 5.4 C  | ITY - ST - ZIP  |   |   |           |
| TITLE                           |   | DELETE   | 6 † †1                                       | HUE   |   | Change                                    | Addit or  |
| NAME                            |   |  | 6 2 N  |   |   |   |           |
| STREET ADDRESS                  |   |  |  | TREET ADDRESS   |   |   |           |
| CITY-ST-ZIP                     | or over his disat that independence is a  | dienel with this filtres is well interibe  | furnished a                                  | ity-St-7iP  | alify for the exemption stated in Section   | 119 07(3)(k). Florida Statul              | es I      |
| further on                      | rtify that the information indicated<br>ler oath, that I am an officer or dir<br>ame appears in Block 12 or Block | Lon this annual report or supple<br>rector of the corporation or the re<br>13 if charged, or op an attachn | mental arini<br>aceiver or tr<br>ieg with an | ual report is true<br>ustee empowere<br>address <b>D</b> to | eand accurate and that my signature sha<br>ed to execute this report as required by | a Frave me same legal effe                | sar as ir |
| SIGNAT                          | URE: SIGNATURE AND TYPE   | O OR PRINTED NAME OF SIGNING OF IC   | EA OR DIRECT                                 | Milton (  | Crosswy, Jr. 8/5/96   | 100-134 00                                |           |