FILE NOW: FILING FEE AFTER MAY 1, 1995 IS $400

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P28459 (6)

1. Corporation Name

INTEGRITY INTERNATIONAL SECURITY SERVICES, INC.

Principal Place of Business	Mailing Address
211 SOUTH SIXTH ST. P. O. BOX 274 CLARKSVILLE TN 37041-0274 US	211 SOUTH SIXTH ST. P. O. BOX 274 CLARKSVILLE TN 37041-0274 US

3. Date Incorporated or Qualified: 03/08/1990
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 62-1016615 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FALARDEAU, RICHARD
11 SPRINGER COURT
ORMOND BEACH 32174

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	RIVERA, RIGOBERTO O.	812 WEATHERBY DR.	CLARKSVILLE TN
V	RIVERA, ERNESTINE	812 WEATHERBY DR.	CLARKSVILLE TN
ST	RIVERA, ERNESTINE	812 WEATHERBY DR.	CLARKSVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1					☐	☐
2					☐	☐
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] R. Rivera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/1/95 Daytime Phone #: 615-647-5384

0466017 FP