FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 11 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001484006
-05/11/95--01029--009
****346.25 ****208.75

DOCUMENT # **P35544** **(6)**

1. Corporation Name
DAVIDSON SECURITY SERVICES OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6927 J.M. KEYNES DR STE 60 CHARLOTTE NC 28262 US	6927 J.M. KEYNES DR STE 60 CHARLOTTE NC 28262 US

3. Date Incorporated or Qualified: 09/16/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 2840 NW 2ND AVE
Suite, Apt. #, etc.
22 SUITE 105
City & State
23 BOCA RATON FL
Zip 24 33431 Country 25 PALM BEACH

2a. Mailing Address
26 2840 NW 2ND AVE
Suite, Apt. #, etc.
27 SUITE 105
City & State
28 BOCA RATON FL
Zip 29 33431 Country 30 PALM BEACH

4. FEI Number: 56-1726184 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIDSON, KENNETH A
2840 NW 2 AVE., STE. 105
BOCA RATON FL 33431

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: _____ (Signature, typed or printed name of registered agent and title if signature) (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, KENNETH A	12 NAME	
STREET ADDRESS	5214 DOWNING CREEK DRIVE	13 STREET ADDRESS	
CITY ST ZIP	CHARLOTTE NC 28269	14 CITY ST ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, SUSAN J	22 NAME	
STREET ADDRESS	5214 DOWNING CREEK DRIVE	23 STREET ADDRESS	
CITY ST ZIP	CHARLOTTE NC 28269	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, KENNETH A	32 NAME	
STREET ADDRESS	5214 DOWNING CREEK DRIVE	33 STREET ADDRESS	
CITY ST ZIP	CHARLOTTE NC 28269	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	**REMITTED BY MAY 1**
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/11/95

14. I do hereby certify that the information supplied with this filing is validly 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: _____ KEN DAVIDSON, PRESIDENT 5/1/95 407/345-0653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300103 FP