

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION:
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:56

DOCUMENT # P92000002737 (4)

1. Corporation Name

SOUTHEAST SECURITY OF VOLUSIA, INC.

Principal Place of Business

P.O. BOX 1485
NEW SMYRNA BEACH FL 32170

Mailing Address

P.O. BOX 1485
NEW SMYRNA BEACH FL 32170

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/06/1992

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

59-3147643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

KENNOVIN, COLIN
715 3RD AVE.
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	OWENS, MARSHA	1.2 NAME	KENNOVIN MARSHA
STREET ADDRESS	715 3RD AVE.	1.3 STREET ADDRESS	304 CRAWFORD AVE
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	1.4 CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169
TITLE	DV	2.1 TITLE	DV
NAME	KENNOVIN, COLIN	2.2 NAME	KENNOVIN COLIN
STREET ADDRESS	715 3RD AVE.	2.3 STREET ADDRESS	304 CRAWFORD AVE
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	2.4 CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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:

Colin Kennovon 5/17/95 Colin Kennovon