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 -1 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007211 (4)**

1. Corporation Name
ST. JOHNS RIVER SECURITY, INC.

Principal Place of Business
314 SARATOGA DR.
SATSUMA FL 32189

Mailing Address
P.O. BOX 36
EAST PALATKA FL 32131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 01/25/1993
3a. Date of Last Report: 06/29/1994

2. Principal Place of Business
21 116 MASON PLACE
22 Suite, Apt. #, etc.
23 City & State: SATSUMA, FL.
24 32189 25 Country

2a. Mailing Address
26 P.O. BOX 276
27 Suite, Apt. #, etc.
28 City & State: SATSUMA, FL.
29 32189 30 Country

4. FEI Number: 59-3161303 ☐ 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

7. This Corporation has ability to distribute tax under s. 193.025, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, KATHERINE C
314 SARATOGA DR.
SATSUMA FL 32189

10. Name and Address of New Registered Agent

81 Name: GLENN BROWN
82 Street Address (P.O. Box Number is Not Acceptable): 116 MASON PLACE
83
84 City: SATSUMA FL 85 Zip Code: 32189

11. Pursuant to the provisions of Section 607.0427 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: Glenn Brown GLENN BROWN 5/01/95
(Typed or printed name of person signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD		☒ Change ☐ Addition
NAME	BROWN, KATHERINE C	Delete.	
STREET ADDRESS	P.O. BOX 36 N/A		
CITY-ST-ZIP	EAST PALATKA FL 32131		
TITLE	VSD		☒ Change ☐ Addition
NAME	BROWN, TIMOTHY D	Delete	
STREET ADDRESS	P.O. BOX 36 N/A		
CITY-ST-ZIP	EAST PALATKA FL 32131		
TITLE	VP		☒ Change ☐ Addition
NAME	BROWN, GLENN	President/Treasurer/Director	
STREET ADDRESS	P.O. BOX 36 N/A	Brown, Glenn	
CITY-ST-ZIP	EAST PALATKA FL 32131	P.O. Box 276 N/A	
		SATSUMA, FL. 32189	
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing is true, accurate and complete. I also certify that the information supplied with this filing complies with the applicable provisions of Section 607.0505, Florida Statutes. I further certify that the information contained in the 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 with an asterisk (*).

SIGNATURE: [signature] 4/24/95 (904)649-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

0400525 FP