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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000014798 (1)**

1. Corporation Name
INTEGRA SECURITY AND INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
1919 BLANDING BLVD. SUITE 4 JACKSONVILLE FL 32210 US	1919 BLANDING BLVD. SUITE 4 JACKSONVILLE FL 32210-3254 US

3. Date Incorporated or Qualified: 02/19/1993
3a. Date of Last Report: 05/09/1996

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

4. FEI Number: 59-3166477 ☐ 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

HARRIS, DAVID L
5904 ORTEGA RIVER CIRCLE
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name: Harris, David L.
82 Street Address (P.O. Box Number is Not Acceptable): 4719 Lexington Ave.
83
84 City: Jacksonville **FL** 85 Zip Code: 32210

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
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	HARRIS, DAVID L	1.2 NAME	Harris, David L.
STREET ADDRESS	5904 ORTEGA RIVER CIRCLE	1.3 STREET ADDRESS	4719 Lexington Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32244	1.4 CITY-ST-ZIP	Jacksonville, Florida 32210
TITLE	V/T ☐ DELETE	2.1 TITLE	V/D ☐ Change ☒ Addition
NAME	HALE, THOMAS E	2.2 NAME	Loomis, William E.
STREET ADDRESS	7458 PETRELL DRIVE	2.3 STREET ADDRESS	6121 Collins Rd. #180
CITY-ST-ZIP	JACKSONVILLE FL 32222	2.4 CITY-ST-ZIP	Jacksonville, Florida 32244
TITLE	S ☐ DELETE	3.1 TITLE	S/T/D ☐ Change ☒ Addition
NAME	BAGSIC, REYNALDO T	3.2 NAME	Smith, Teresa M.
STREET ADDRESS	6314 IAN CHAND DRIVE WEST	3.3 STREET ADDRESS	4719 Lexington Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32244	3.4 CITY-ST-ZIP	Jacksonville, Florida 32210
TITLE	V/T ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Hale, Thomas E.	4.2 NAME	
STREET ADDRESS	7458 Petrell Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32222	4.4 CITY-ST-ZIP	
TITLE	S ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Badsic, Reynaldo T.	5.2 NAME	
STREET ADDRESS	6314 Ian Chand Drive West	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32244	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ FILED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #