

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018066 (9)

1. Corporation Name:

ADVANCED LOCK SAFE & KEY, INC.

Principal Place of Business

Mailing Address

5411-1 WESTCONNETT BLVD
JACKSONVILLE FL 32244

5411-1 WESTCONNETT BLVD
JACKSONVILLE FL 32244

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 03/05/1993
3b. Date of Last Report 04/26/1994

4. FEI Number 59-3177338
Applied Fee Not Applicable

5. Certificate of Status Returned ☐ \$8.75 Additional Fee Required

6. Director Certificate Returned ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.001
Florida Statutes ☐ Yes ☒ No

2. Principal Officer

2a. Mailing Address

21. State Agent

26. State Agent

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULVANEY, DAVID T
5411-1 WEST CONNETT BLVD
JACKSONVILLE FL 32244

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law. I am a director of the corporation and have signed this statement as such. I am a resident of the State of Florida and have signed this statement as such. I am a resident of the State of Florida and have signed this statement as such.

SIGNATURE

12.

D
MULVANEY, DAVID T
5411-1 WESTCONNETT BLVD
JACKSONVILLE FL 32244

13.

14. NAME

15. Street Address

16. City

17. State

18. Zip Code

19. NAME

20. Street Address

21. City

22. State

23. Zip Code

24. NAME

25. Street Address

26. City

27. State

28. Zip Code

29. NAME

30. Street Address

31. City

32. State

33. Zip Code

34. NAME

35. Street Address

36. City

37. State

38. Zip Code

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law. I am a director of the corporation and have signed this statement as such. I am a resident of the State of Florida and have signed this statement as such. I am a resident of the State of Florida and have signed this statement as such.

SIGNATURE:

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David T Mulvaney Pres 4/30/95 904-772-8754