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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000020103 (6)

1. Corporation Name

SCOTT ALARM OF ST. AUGUSTINE, INC.



Principal Place of Business

ATTN: TERI TRIMMER
200 E. LAS OLAS BLVD., #1400
FORT LAUDERDALE FL 33301

Mailing Address

ATTN: TERI TRIMMER
200 E. LAS OLAS BLVD., #1400
FORT LAUDERDALE FL 33301-2248

3. Date Incorporated or Qualified
03/10/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

22 Ste. 1200

City & State

23 Ft. Lauderdale, FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

27 Ste. 1200

City & State

28 Ft. Lauderdale, FL

Zip

29 33301

Country

30 USA

4. FEI Number

59-3167903

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME HUDSON, HARRIS W
STREET ADDRESS 200 E. LAS OLAS BLVD., SUITE 1400
CITY-ST-ZIP FORT LAUDERDALE FL 33301

☐ DELETE

TITLE P
NAME SCOTT, BRUCE
STREET ADDRESS 8381 DIX ELLIS TRAIL, SUITE 107
CITY-ST-ZIP JACKSONVILLE FL 32258

☐ DELETE

TITLE VS
NAME HANDLEY, RICHARD L
STREET ADDRESS 200 E. LAS OLAS BLVD., SUITE 1400
CITY-ST-ZIP FORT LAUDERDALE FL 33301

☐ DELETE

TITLE V
NAME GUERIN, ROBERT
STREET ADDRESS 200 E. LAS OLAS BLVD., SUITE 1400
CITY-ST-ZIP FORT LAUDERDALE FL 33301

☐ DELETE

TITLE V
NAME HINSON, RUSSELL S
STREET ADDRESS 8381 DIX ELLIS TRAIL, SUITE 107
CITY-ST-ZIP JACKSONVILLE FL 32258

☐ DELETE

TITLE Y
NAME PEDDY, COURTLAND
STREET ADDRESS 200 E. LAS OLAS BLVD., SUITE 1400
CITY-ST-ZIP FORT LAUDERDALE FL 33301

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
6.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Handley

Date

Daytime Phone #

954-713-5600

2/14/97

CR2E034 (9/96)