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 APR 20 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000026037 (0)**

1. Corporation Name
SCOTT ALARM OF LAKELAND, INC.

Principal Place of Business	Mailing Address
5711 S. FLORIDA AVE. #5 LAKELAND FL 33811	313 PORPOISE POINT DRIVE ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1993	3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21)	2a. Mailing Address (26): 3362 State Rd 13
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28): Switzerland, FL
Zip (24) / Country (25)	Zip (29): 32259 / Country (30)

4. FEI Number: 59-3173010 ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBISON, MARY A 2600 INDEPENDENT SQUARE JACKSONVILLE FL 32202	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 _____ DATE
(Signature, typed 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	D	11 TITLE		☒ Change ☐ Addition
NAME	SCOTT, BRUCE	12 NAME		
STREET ADDRESS	313 PORPOISE PT DR	13 STREET ADDRESS	3362 State Rd 13	
CITY ST ZIP	ST AUGUSTINE FL	14 CITY ST ZIP	Switzerland, FL 32259	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	SCOTT, DEBRA	22 NAME		
STREET ADDRESS	313 PORPOISE PT DR	23 STREET ADDRESS	3362 State Rd 13	
CITY ST ZIP	ST AUGUSTINE FL	24 CITY ST ZIP	Switzerland, FL 32259	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	LEDFORD, KEITH R	32 NAME		
STREET ADDRESS	2310 CLEMSON RD.	33 STREET ADDRESS	5721 STRATFORD LN	
CITY ST ZIP	JACKSONVILLE FL 32217	34 CITY ST ZIP	LAKELAND FL 33813	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	LEDFORD, STACEY L	42 NAME		
STREET ADDRESS	2310 CLEMSON RD.	43 STREET ADDRESS	5721 STRAT FORD LN	
CITY ST ZIP	JACKSONVILLE FL 32217	44 CITY ST ZIP	LAKELAND FL 33813	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	LEMMON, TAMMY S	52 NAME		
STREET ADDRESS	11282 CLOVERHILL CT.	53 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL 32257	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Keith R. Ledford KEITH R. LEDFORD 4/24/95 813-644-8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007898 CP