

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

50 MAY -1 AM 11:05

DOCUMENT # **P93000038635 (7)**

1. Corporation Name  
**GALTRONICS USA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **8723 TEMPLE TERRACE HWY TAMPA FL 33637**  
Mailing Address: **8723 TEMPLE TERRACE HWY TAMPA FL 33637**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		05/27/1993	04/26/1994
22		27		4. FEI Number	Applied For
23		28		59-3184985	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
26		29		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AASS, PAUL W 8723 TEMPLE TERRACE HWY TAMPA FL 33637				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 of person named as registered agent in the corporation: \_\_\_\_\_  
Signature of New Agent to whom registered office is being added: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUTSON, BILL	1.2 NAME	
STREET ADDRESS	14190 SENNSBURY DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWELL, KENNETH	2.2 NAME	
STREET ADDRESS	P.O. BOX 1599 N/A	2.3 STREET ADDRESS	
CITY, ST, ZIP	TIBERIAS 14115, ISRAEL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAASS, PAUL W	3.2 NAME	
STREET ADDRESS	8723 TEMPLE TERRACE HWY	3.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33637	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(4)(b), 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 of this report, or in an attachment with an address.

SIGNATURE: *Paul Maass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
April 26, 1995

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
James B. McKeithen  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
FILED

95 MAY 11 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000039047 (4)**

1. Corporation Name

**ARMORED CAR SERVICES OF FLORIDA, INC.**

Principal Place of Business

5121 BOWDEN ROAD  
#305  
JACKSONVILLE FL 32216

Mailing Address

343 PECKS ROAD  
PITTSFIELD MA 33602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1993

3a. Date of Last Report

03/21/1994

4. FEI Number

59-3191058

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**

6. This corporation has liability for intangible tax under a Florida Statute:

Yes

No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

City

25

Country

26

State, Apt. #, etc.

27

City & State

28

City

29

City

30

City

9. Name and Address of Current Registered Agent

**GUIDI, DENNIS E  
1837 HENDRICKS AVE  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptation)

83

84

City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0105 and 607.0106, 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 this position under Florida Statutes.

SIGNATURE

(Signature of registered agent or person authorized to accept appointment as registered agent)

(Signature of officer or director authorized to accept appointment as registered agent)

(Date)

12. OFFICERS AND DIRECTORS

(Name, Title, Street Address, City, State, Zip)

1. TITLE

PD

2. NAME

REDER, GERARD S

3. STREET ADDRESS

343 PECKS RD

4. CITY, STATE, ZIP

PITTSFIELD MA 01202

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, STATE, 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 607.0105, Florida Statutes. I further certify that this information indicates that this annual report or supplementary 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attached sheet with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

**PRESIDENT**

4-28-95

Date

Typed Name