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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:39

DOCUMENT # **P93000045786 (9)**

1. Corporation Name
SCOTT ALARM OF CHARLOTTE, INC.

Principal Place of Business	Mailing Address
4324 BARRINGER DR SUITE 114 CHARLOTTE NC 28217	313 PORPOISE POINT DRIVE ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1993	3a. Date of Last Report: 04/27/1994		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 56-1827654	☐ Applied For ☐ Not Applicable
21	26 8381 Dix Ellis Trail		
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27 #107	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23	City & State: 28 Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 / County: 25	Zip: 29 32256 / County: 30 USA	8. This corporation has liability for intangible tax under S. 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 ONE INDEPENDENT DR SUITE 2600 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 filing/altering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	S/D	☒ Change ☐ Addition
NAME	SCOTT, BRUCE	12 NAME		
STREET ADDRESS	313 PORPOISE POINT DR	13 STREET ADDRESS	3362 State Road 13	
CITY ST ZIP	ST AUGUSTINE FL	14 CITY ST ZIP	Jacksonville, FL 32259-9269	
TITLE	D	21 TITLE	T/D	☒ Change ☐ Addition
NAME	SCOTT, DEBRA	22 NAME		
STREET ADDRESS	313 PORPOISE POINT DR	23 STREET ADDRESS	3362 State Road 13	
CITY ST ZIP	ST AUGUSTINE FL	24 CITY ST ZIP	Jacksonville, FL 32259-9269	
TITLE	D	31 TITLE	P/D	☒ Change ☐ Addition
NAME	BOYD, RONALD W	32 NAME		
STREET ADDRESS	16010 SAMAR COURT	33 STREET ADDRESS		
CITY ST ZIP	TEGA CAY SC 29715	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		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: Kenneth H. Scott 4-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0007288 CP