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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 # P93000045786 (9)

1. Corporation Name

SCOTT ALARM OF CHARLOTTE, INC.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified
06/25/1993

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

2. Principal Place of Business
21 450 E. Las Olas Blvd.

2a. Mailing Address
26 450 E. Las Olas Blvd.

4. FEI Number
56-1827654

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Ste. 1200

27 Suite, Apt. #, etc.
Ste. 1200

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

23 City & State
Ft. Lauderdale, FL

28 City & State
Ft. Lauderdale, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33301

25 Country
USA

29 Zip
33301

30 Country
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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HUDSON, HARRIS W | |
| STREET ADDRESS | 200 E. LAS OLAS BLVD., SUITE 1400 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SCOTT, BRUCE | |
| STREET ADDRESS | 8381 DIX ELLIS TRAIL, SUITE 107 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | HANDLEY, RICHARD L | |
| STREET ADDRESS | 200 E. LAS OLAS BLVD., SUITE 1400 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | QUERIN, ROBERT | |
| STREET ADDRESS | 200 E. LAS OLAS BLVD., SUITE 1400 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HINSON, RUSSELL S | |
| STREET ADDRESS | 8381 DIX ELLIS TRAIL, SUITE 107 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | PEDDY, COURTLAND | |
| STREET ADDRESS | 200 E. LAS OLAS BLVD., SUITE 1400 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 450 E. Las Olas Blvd., Ste. 1200 |
| 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 450 E. Las Olas Blvd., Ste. 1200 |
| 3.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 450 E. Las Olas Blvd., Ste 1200 |
| 4.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | 450 E. Las Olas Blvd., Ste. 1200 |
| 6.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |

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

2/14/97 954-713-5200

Daytime Phone #

0067987

CR2E034 (9/96)