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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 # P93000049842 (6)

1. Corporation Name  
SCOTT ALARM OF ORLANDO, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified  
07/08/1993

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  
59-3201216

Applied For  
Not Applicable

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

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

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State  
23 Ft. Lauderdale, FL

City & State  
28 Ft. Lauderdale, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip Country  
24 33301 25 USA

Zip Country  
29 33301 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

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

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

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS SCOTT, BRUCE  
CITY-ST-ZIP 8381 DIX ELLIS TRAIL, SUITE 107  
JACKSONVILLE FL 32256

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

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

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

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

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

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS HINSON, RUSSELL S  
CITY-ST-ZIP 8381 DIX ELLIS TRAIL, SUITE 107  
JACKSONVILLE FL 32256

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

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

6.1 TITLE ☒ Change ☐ 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

DePhone Phone #

CP2E034 (9/96)

961-713-5200

2/14/97