FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jul 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064236 (1)

INTERNATIONAL SECURITY MANAGEMENT GROUP OF TAMPA, INC.

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Principal Plac	e of Business	Mailing Address				1 1001/001 (18 18:00 (11))			
4522 SPRUCE CENTER		P. O. BOX 23492							
SUITE 800E		TAMPA FL 33623-3492				1			
TAMPA FL 32007 US						2 Data Incorporated or Qualified	paracrated or Outsideed On Date of Lost Daniel		
US						 Date Incorporated or Qualified 09/15/1993 	3a. Date of Last Report 05/01/1996		
2. Principal P	Place of Business	2a. Mailing Address			•	4. FEI Number	[pp://eu-		
21		26			,	59-3195989 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required			
22		27							
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be			
23		[28]				Trust Fund Contribution			
Zip	· — — · — — — — — — — — — · — — — · — ·					8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes Yes No 10, Name and Address of New Registered Agent			
9, Name and Address of Current Registered Agent					81 Name			gent	
	CORPORATION SYSTEM		"	1	Name				
) s pine island RD Ntation FL 33324		82 Street Add			ress (P.O. Box Number is Not Acceptable)			
			83	3					
			84	1	City	·	FL	85 Zip	p Code
									its registered
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 require	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 TITLE				ļ	Change	Addition
NAME	BLEDSOE, CHARLES		1.2 NAME						
STREET ADDRESS 10005 FEATHER SOUND CT		1.3 ST		T AE	DDRESS				
CITY-ST-ZIP	ALPHARETTA GA 30202	···	1.4 CITY - ST - ZIP		ZIP				
TITLE	D			2.1 TITLE			ļ	Change	e 🔲 Addition
NAME	BLEDSOE, CARL		2.2 NAME		Ì				,
STREET ADDRESS	4198 HONEY CREEK WAY		2.3 STREET A		ODRESS				į
CITY-ST-ZIP	MARIETTA GA 30064		2 4 CITY-ST-ZIP		-ZIP				
TITLE			3.1 TITLE				!	Change	e Addition
NAME	HIMEBAUGH, JEFF								
STREET ADDRESS	LUMBER AS ADARA		1	3.3 STREET ADDRESS					
CITY-ST-ZIP	HIRAM GA 30141			3.4. CITY-ST-ZIP					
TITLE .	-		4.1 TITLE				l	Change	Addition
NAME	NASH, JAMES F		4. 2 NAMI		J				
STREET ADDRESS	425 WESTFORD CIR		4.3 STREE		odress (ļ
CITY-ST-ZIP			4.4 CITY-	ST-	ZIP	·			·
TITLE			5.1 TITLE					Change	Addition
NAME			5.2 NAME						ľ
STREET ADDRESS			5.3 STREE	T A£	ODRESS				ļ
CITY-ST-ZIP				5.4 CITY - ST - ZIP					
TITLE		DELETE	61 TITLE		1		l	Change	. Addition
NAME			6 2 NAME						
STREET ADDRESS			6.3 STREE	T AD	ODRESS				

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