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FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000064236 (1)

1. Corporation Name

INTERNATIONAL SECURITY MANAGEMENT GROUP OF TAMPA  
, INC.

Principal Place of Business

Mailing Address

4522 SPRUCE CENTER  
SUITE 200E  
TAMPA FL 32607  
US

P. O. BOX 23492  
TAMPA FL 33623  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4601 W. Kennedy Blvd.

Suite, Apt. #, etc.

22 SUITE 222

City & State

23 TAMPA, FL

Zip

24 33609

Country

25 Hillsborough

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

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Country

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3. Date Incorporated or Qualified

09/15/1993

4. FEI Number

59-3195989

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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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 D  
NAME BLEDSOE, CHARLES  
STREET ADDRESS 10005 FEATHER SOUND CT  
CITY-ST-ZIP ALPHARETTA GA 30202

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME BLEDSOE, CARL  
STREET ADDRESS 4198 HONEY CREEK WAY  
CITY-ST-ZIP MARIETTA GA 30064

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

TITLE D  
NAME HIMEBAUGH, JEFF  
STREET ADDRESS 8396 SWAN DR  
CITY-ST-ZIP HIRAM GA 30141

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME NASH, JAMES F  
STREET ADDRESS 425 WESTFORD CIR  
CITY-ST-ZIP PALM HARBOR FL 34683

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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]*

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