

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jon Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 AUG 15 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069083 (2)

1. Corporation Name

FORTIFIED SECURITY SERVICES, INC.

Mailing Address
9071 ARNDALE CIR
TAMPA FL 33615

Principal Place of Business
9071 ARNDALE CIR
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/30/1993

4. FEI Number

Applied For

59 3208632

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

6. Election Campaign
Financing Trust
Fund Contribution ☐

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address

2a. Principal Place of Business

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY KYLE
9071 ARNDALE CIR
TAMPA FL 33615

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and that it applies. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS

11 TITLE

D

12 NAME

MCCARTHY KYLE

13 STREET ADDRESS

9071 ARNDALE CIR

14 CITY - ST - ZIP

TAMPA FL 33615

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

13. CHANGES TO OFFICERS AND DIRECTORS, IF ANY

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/94

813-884-7359