

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000080989 (5)

1. Corporation Name

TREASURE COAST SECURITY AGENCY OF INDIAN RIVER,
INC.



Principal Place of Business

27 FOREST PARK DR
VERO BCH. FL 32962
US

Mailing Address

P.O. BX 650537
VERO BEACH FL 32965
US

2. Principal Place of Business

21 Same As Above

2a. Mailing Address

26 Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCALLISTER, TOM
27 FOREST PARK DRIVE
VERO BEACH FL 32962

3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

05/18/1995

4. FCI Number

65-0462083

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 office address

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSD

STREET ADDRESS MCALLISTER, TOM

CITY- ST- ZIP 275 20TH AVE.

VERO BEACH FL 32968

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Tom McAllister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 (407) 569-2107
Date Date/Time Phone #

CR2E034 (12/95)