SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000085272 (1)**

1. Corporation Name
BURGLAR & FIRE ALARM SUBCONTRACTORS,INC.

Principal Place of Business	Mailing Address
[redacted] SEFFNER FL 33584 -6109	[redacted] SEFFNER FL 33584 - 6109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business	2a. Mailing Address
21 401 HUDSON PLACE	26 401 HUDSON PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SEFFNER, Florida	City & State 28 SEFFNER, Florida
Zip 24 33584 Country 25 Hillsborough	Zip 29 33584 Country 30 Hillsborough

4. FEI Number: 59-3215109 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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
BRACE, RONALD E [redacted] 320 W. FLETCHER AVE Suite 104 TAMPA FL 33612	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 _____ DATE
(If changing Registered Agent, Registered Agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BOURQUE, GERARD P	12 NAME	
STREET ADDRESS	401 HUDSON PLACE	13 STREET ADDRESS	
CITY ST ZIP	SEFFNER FL 33584	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BOURQUE, JULIE M	22 NAME	
STREET ADDRESS	401 HUDSON PLACE	23 STREET ADDRESS	
CITY ST ZIP	SEFFNER FL 33584	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BOURQUE, GREG	32 NAME	
STREET ADDRESS	401 HUDSON PLACE	33 STREET ADDRESS	
CITY ST ZIP	SEFFNER FL 33584	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: _____ 7/25/95 813-661-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gerard P. Bourque

0153681 FP