FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087812 (2)

1. Corporation Name
FORELINE SECURITY CORPORATION

Principal Place of Business
8419 SUNSTATE STREET
TAMPA FL 33688-0999

Mailing Address
P.O. BOX 1968
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 County — 25
Zip — 29 County — 30

4. FEI Number: 59-3218263 — 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 Ch. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
MULLIS, HAROLD W JR
101 E KENNEDY BOULEVARD
SUITE 2800
TAMPA FL 33602

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 title if applicable) NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVST	1.1 TITLE	☐ Change ☐ Addition
NAME	LENHART, MILES	1.2 NAME	
STREET ADDRESS	9800 REEVES ROAD	1.3 STREET ADDRESS	300001493413
CITY ST ZIP	TAMPA FL 33619	1.4 CITY ST ZIP	-05/18/95--01067--002
TITLE	D	2.1 TITLE	***2000.00 ***200.00 Addition
NAME	SASSER, BILLY G	2.2 NAME	
STREET ADDRESS	9800 REEVES ROAD	2.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NEUMAN, W K	3.2 NAME	
STREET ADDRESS	72 MARTINIQUE	3.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	3.4 CITY ST ZIP	
TITLE	PD	4.1 TITLE	XX Change ☐ Addition
NAME	HUGHES, PATRICK	4.2 NAME	DELETE
STREET ADDRESS	3218 STONYBROOK LANE	4.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	4.4 CITY ST ZIP	
TITLE	VP	5.1 TITLE	XX Change ☐ Addition
NAME	HUGHES, MADGE	5.2 NAME	DELETE
STREET ADDRESS	P.O. BOX 271632 N/A	5.3 STREET ADDRESS	5/18/95 T.S.
CITY ST ZIP	TAMPA FL	5.4 CITY ST ZIP	
TITLE	**REMITTED BY MAY 1**	6.1 TITLE	V ☐ Change XX Addition
NAME		6.2 NAME	Augello, Michael
STREET ADDRESS		6.3 STREET ADDRESS	18006 Clear Lake Dr.
CITY ST ZIP		6.4 CITY ST ZIP	Lutz, FL 33549

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: X [signature] 4-27-95 813-626-5191
SIGNATURE AND TYPED OR PRINTED NAME OF BONDED OFFICER OR DIRECTOR — Date — Daytime Phone #
Miles Lenhart

0302427 CP