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FILED

May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33601-1968



3. Date Incorporated or Qualified  
12/23/1993

3a. Date of Last Report  
05/01/1996

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 s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLIS, HAROLD W JR  
101 E KENNEDY BOULEVARD  
SUITE 2800  
TAMPA FL 33602

81 Name  
LENHART, MILES L.  
82 Street Address (P.O. Box Number is Not Acceptable)  
3610 W. Joe Sanchez Road

83  
84 City Plant City FL 85 Zip Code 33565

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

Miles L. Lenhart - CEO

4/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVST  
1.2 NAME LENHART, MILES  
1.3 STREET ADDRESS 9800 REEVES ROAD  
1.4 CITY-ST-ZIP TAMPA FL 33619

1.1 TITLE V  
1.2 NAME HUGHES, PATRICK J.  
1.3 STREET ADDRESS 3218 Stoneybrook Lane  
1.4 CITY-ST-ZIP Tampa, FL 33618

2.1 TITLE D  
2.2 NAME SASSER, BILLY G  
2.3 STREET ADDRESS 9800 REEVES ROAD  
2.4 CITY-ST-ZIP TAMPA FL

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

3.1 TITLE D  
3.2 NAME NEUMAN, W K  
3.3 STREET ADDRESS 72 MARTINIQUE  
3.4 CITY-ST-ZIP TAMPA FL

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

4.1 TITLE V  
4.2 NAME AUGELLO, MICHAEL  
4.3 STREET ADDRESS 18006 CLEAR LAKE DR.  
4.4 CITY-ST-ZIP LUTZ FL 33549

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

5.1 TITLE P  
5.2 NAME KINNEY, BARRY  
5.3 STREET ADDRESS 18644 AVENUE CAPRI  
5.4 CITY-ST-ZIP LUTZ FL

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

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

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

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(813)624-3191

CR2E034 (9/96)