

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

9 **FILED**  
Sep 30 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/23/1993</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3218263</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LENHARDT, MILES L.  
3610 W. JOE SANCHEZ RD.  
PLANT CITY FL 33565**

10. Name and Address of New Registered Agent

81 Name **Meckley, M. Scott**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2715 W. Jetton Avenue**  
83  
84 City **Tampa** FL 85 Zip Code **33629**

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 607.0605, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature (typed or printed name of registered agent and title if applicable)

**M. Scott Meckley CFO**  
(NOTE: Registered Agent signature required when reinstating)

**9-23-98**  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	OVST	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VTAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LENHART, MILES			1.2 NAME	MECKLEY, M SCOTT		
STREET ADDRESS	9800 REEVES ROAD			1.3 STREET ADDRESS	9800 Reeves Road		
CITY-ST-ZIP	TAMPA FL 33619			1.4 CITY-ST-ZIP	Tampa, FL 33619		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SASSER, BILLY G			2.2 NAME	Schoer, Joseph U.		
STREET ADDRESS	9800 REEVES ROAD			2.3 STREET ADDRESS	222 Church Street		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Woodstock, IL 60098		
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUGHES, PATRICK J.			3.2 NAME	Reece, Richard		
STREET ADDRESS	3218 STONEYBROOK LANE			3.3 STREET ADDRESS	222 Church Street		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	Woodstock, IL 60098		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUGELLO, MICHAEL			4.2 NAME			
STREET ADDRESS	18006 CLEAR LAKE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549			4.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINNEY, BARRY			5.2 NAME			
STREET ADDRESS	18644 AVENUE CAPRI			5.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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]* **M. Scott Meckley 9-23-98 813-626-3191**

CR2E034 (5/98)