

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000088113 ✓

1. Corporation Name

CRIME PREVENTION SECURITY SYSTEMS, INC.

Principal Place of Business

3510 N.W. 97TH BOULEVARD  
GAINESVILLE FL 32606  
US

Mailing Address

3510 N.W. 97TH BOULEVARD  
GAINESVILLE FL 32606  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PASTORE, JOHN A JR  
3510 N.W. 97TH BOULEVARD  
GAINESVILLE FL

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

*John A. Pastore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVP ☐ DELETE

NAME BIGGS, SHIRLEY J  
STREET ADDRESS 3510 NW 97TH BLVD  
CITY-ST-ZIP GAINESVILLE FL

TITLE VPOS ☐ DELETE

NAME CARR, JAMES A  
STREET ADDRESS 3510 NW 97TH BLVD  
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE

NAME SMITH, AUTRY GENE  
STREET ADDRESS 3510 NW 97TH BLVD  
CITY-ST-ZIP GAINESVILLE FL

TITLE P ☐ DELETE

NAME PASTORE, JOHN A JR  
STREET ADDRESS 3510 NW 97TH BLVD  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*John A. Pastore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99  
Date

352-332-6100  
Daytime Phone #

FILED  
Aug 11, 1999 8:00 am  
Secretary of State

08-11-1999 90008 020 \*\*\*150.00

08-11-1999 90008 019 \*\*\*400.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

4. FEI Number

59-3219327

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (11/98)