**PROFIT** CORPORATION ANNUAL REPORT 1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400000213 1. Corporation Name

SECURITY FIRST DOCUMENT SERVICES, INC.

222 N PEARL ST 222 N PEARL ST JACKSONVILLE FL 32202 JACKSONVILLE FL 32202

Country

9. Name and Address of Current Registered Agent

25

WATSON, KENNETH R

222 NORTH PEARL ST

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90075 020 \*\*\*150.00

	DO NOT WRIT	E IN THIS	SPACE	/		
3.	Date Incorporated or Qualifed					
	01/03/1994					
4.	FEI Number		<u>"   </u>	Applied For		
	59-3215966			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 curre Personal Property Tax.	ent year Inta	ingible □Yes	□No		
10.	Name and Address of New R	egistered /	Agent	_		

Street Address (P.O. Box Number is Not Acceptable)

JACKSONVILLE FL 32202								
		84	City		85	Zip Cod	<del>e</del> et	
	<u> </u>			<u> </u>	<u>l</u>			
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 regist 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	Ket Wille Ken	reti	5 K.	CATSON TO DATE				
40	7	3.	it signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	3 IN 12	
12.		TITLE			☐ Cha		Addition	
TITLE	<del>-</del> -				<b>-</b> .	J	_	
NAME	WAISON, NEIMEITI II	NAME					٠ .	
STREET ADDRESS	408 W. MONROE STREET	STREE	TADDRESS				ļ	
CITY-ST-ZIP	UNONOUTTILLE I E GEEGE	CITY-S	T-ZIP				- Addison	
TITLÉ	DELETE 2.	TITLE			Cha	inge	☐ Addition	
NAME .	2.	NAME						
STREET ADDRESS	2.	STREE	T ADDRESS					
CITY-ST-ZIP	. 2.	4 CITY-:	ST-ZIP					
TITLE * ~	DELETE 3.	TITLE			Cha	inge	. Addition	
NAME	. 3.	NAME						
STREET ADDRESS	3.	STREE	T ADDRESS					
CITY-ST-ZIP	3.	. CITY-	ST-ZIP					
TITLE	☐ DELETE 4.	TITLE			Cha	ınge	☐ Addition	
NAME	4.	2 NAME						
STREET ADDRESS	4.	STREE	T ADDRESS					
CITY-ST-ZIP		CITY-S	T-ZIP					
ΠΙLE	DELETE 5.	ITTLE			Cha	ange	☐ Addition	
NAME .	, 5.	NAME						
STREET ADDRESS	5.	STREE	TADDRESS	,				
CITY-ST-ZIP	5.	CITY-S	T-ZIP					
TITLE	☐ DELETE 6.	TITLE			☐ Cha	ange	Addition	
NAME	6.	NAME	#				į	
STREET ADDRESS	6.	STREE	T ADDRESS				ļ	
CITY ST 7ID	6.	CITY-S	T-ZIP				[	

Country

81 Name

82

30

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 tracker 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 oddressyntify all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR