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 APR 26 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000007310 (3)**

1. Corporation Name
SCOTT ALARM OF SAVANNAH, INC.

Principal Place of Business	Mailing Address
74 W. MONTGOMERY CROSSROAD SUITE 3-B SAVANNAH GA 31406	5120 SUNBEAM RD. JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994	3a. Date of Last Report: N/A
4. FEI Number: 58-2086770	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	26 74 W. Montgomery XR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 3-B
City & State 23	City & State 28 Savannah, GA
Zip 24 / Country 25	Zip 29 31406 / Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBISON, MARY A ONE INDEPENDENT DR. SUITE 2600 JACKSONVILLE FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	SCOTT, BRUCE	12 NAME		
STREET ADDRESS	313 PORPOISE POINT DR.	13 STREET ADDRESS	3362 State Road 13	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	14 CITY-ST-ZIP	Jacksonville, FL 32259-9269	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	SCOTT, DEBRA	22 NAME		
STREET ADDRESS	313 PORPOISE POINT DR.	23 STREET ADDRESS	3362 State Road 13	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	24 CITY-ST-ZIP	Jacksonville, FL 32259-9269	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SCOTT, AMBER	32 NAME		
STREET ADDRESS	313 PORPOISE POINT DR.	33 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	WELLS, RUSSELL	42 NAME		
STREET ADDRESS	12823 STILLWOOD DR.	43 STREET ADDRESS	12502 Apache Ave #42	
CITY-ST-ZIP	SAVANNAH GA 31419	44 CITY-ST-ZIP	SAVANNAH GA 31419	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	WELLS, PHYLLIS A	52 NAME		
STREET ADDRESS	12823 STILLWOOD DR.	53 STREET ADDRESS	12502 Apache Ave #42	
CITY-ST-ZIP	SAVANNAH GA 31419	54 CITY-ST-ZIP	SAVANNAH GA 31419	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Russell Wells _____ 4-21-95 912-920-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084830 CP