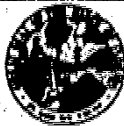


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

55 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

**74 W. MONTGOMERY CROSSROAD
SUITE 3-B
SAVANNAH GA 31406**

Mailing Address

**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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Country

2a. Mailing Address

26

74 W. Montgomery XR

Suite, Apt. #, etc.

27

Suite 3-B

City & State

28

Savannah, GA

Zip

29

31406

Country

30

USA

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

9. Name and Address of Current Registered Agent

**ROBISON, MARY A
ONE INDEPENDENT DR.
SUITE 2600
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SCOTT, BRUCE

STREET ADDRESS

313 PORPOISE POINT DR.

CITY - ST - ZIP

ST. AUGUSTINE FL 32095

TITLE

D

NAME

SCOTT, DEBRA

STREET ADDRESS

313 PORPOISE POINT DR.

CITY - ST - ZIP

ST. AUGUSTINE FL 32095

TITLE

D

NAME

SCOTT, AMBER

STREET ADDRESS

313 PORPOISE POINT DR.

CITY - ST - ZIP

ST. AUGUSTINE FL 32095

TITLE

D

NAME

WELLS, RUSSELL

STREET ADDRESS

12823 STILLWOOD DR.

CITY - ST - ZIP

SAVANNAH GA 31419

TITLE

D

NAME

WELLS, PHYLLIS A

STREET ADDRESS

12823 STILLWOOD DR.

CITY - ST - ZIP

SAVANNAH GA 31419

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☒ Change

☐ Addition

12 NAME

13 STREET ADDRESS

3362 State Road 13

14 CITY - ST - ZIP

Jacksonville, FL 32259-9269

21 TITLE

☒ Change

☐ Addition

22 NAME

23 STREET ADDRESS

3362 State Road 13

24 CITY - ST - ZIP

Jacksonville, FL 32259-9269

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☒ Change

☐ Addition

42 NAME

43 STREET ADDRESS

12502 APACHE AVE #42

44 CITY - ST - ZIP

SAVANNAH GA 31419

51 TITLE

☒ Change

☐ Addition

52 NAME

53 STREET ADDRESS

12502 APACHE AVE #42

54 CITY - ST - ZIP

SAVANNAH GA 31419

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

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 807, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95
Date

912-920-3318
Daytime Phone #