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

PROFIT CODDODATION



FLORIDA DEPARTMENT OF STATE

ANNUA	ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS				v s					
DOCUM 1. Corporation 1		800000	718 (6)							
PRIOR	ITY HOME WATCHER	S, INC.								
Principal Place o	of Business	Mailing A	Address					ANN BANK BANK		E
2228 VALEN SARASOTA I			P.O. BOX 5891 SARASOTA FL 34277-5891				Date Incorporated or Qualified	3a. Date	of Last R	eport
							01/24/1994		04/04/19	*
2. Principal Plac	ce of Business	2a. Mailir	2a. Mailing Address				4. FEI Number			Applied For
21		26					65-0473257			Not Applicable
Suite, Apt. #,	, etc.	Suite 27	, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
City & State			City & State			6. Election Campaign Financing			O May Be	
23		28					Trust Fund Contribution			d to Fees
Zip 24	Country [25]	2ip	Zip Country 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
24	g. Name and Address of C			<u> </u>			10. Name and Address of New	Registered	Agent	
				8	31	Name				
HANKINSON, JOHN W					32	Street Add	ress (P.O. Box Number is Not Accept	able)		
	2228 VALENCIA DR.									
SARASI	OTA FL 34239			Ľ	83					
				•	B4	City		FL	85 Z	p Code
11 Pursuant to	the provisions of Sections 60	7.0502 and 607.150	B. Florida Statutes.	the abov	e-na	amed corpo	ration submits this statement for the p	urpose of ch	anging its	registered office
I av ragiotara	d agent, or both, in the State on, and accept the obligations o	of Elorida, Such chan	no was authorized.	by the co	одк	ration's boa	ard of directors. I hereby accept the ap	pointment as	, registered	d agent. I am
SIGNATURE	,,	,								
5	Signature typed or printed name of register				gent	signatura require	ed when reinstating? ADDITIONS/CHANGES TO O	DATE EICERS ANI) DIRECTO	ORS IN 12
12.		RS AND DIRECTORS	DELETE	13.	ı		ADDITIONS/CHANGES TO O		Change	Addition
NAME	D HARIVINGON IOUN			1.2 NAN				•	_ `	_
SIREH ADDRESS	HANKINSON, JOHN 2228 VALENCIA DR.					ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34239			14 CIT	Y-\$!	1 - ZIP				
TITLE			DELETE	2 1 111	ιF			ļ	Change	☐ Addition
NAME				2 2 NAM						
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP			DELETE	2.4 CIT		I - ZIP			☐ Change	Addition
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CITY-ST-ZIP				3 4 CIT						
TITLE		·····	DELETE	4 1 TIT	-				☐ Change	☐ Add₁tion
NAME				4.2 NAI	ME					
STREET ADDRESS				4.3 ST	REET.	ADDRESS				
CITY-ST-ZIP 4			f 7 htiere	4.4 CIT		1 - ZIP			Change	Addition
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STREET ADDRESS				5.4 CIT						
CITY-ST-ZIP			DELETE	6. 1 Til					Change	☐ Addition
NAME				62 NA	ME					
STREET ADDRESS				6.3 ST	REET	ADDRESS				

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 Pleck 13 if changed, or on an attachment with an address.

SIGNATURE:

Opril 23/96 954-1253