

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:22

DOCUMENT # P94000017264 (0)

1. Corporation Name

CK SECURITY, INC.

Principal Place of Business

1535 JENKS AVE.
PANAMA CITY FL 32405

Mailing Address

1535 JENKS AVE.
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Quashed

3a. Date of Last Report

02/28/1994

4. FEI Number

59-323 2293

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

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, CINDY
1535 JENKS AVE.
PANAMA CITY FL 32405

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 of the person named in 9. Registered agent and the filer

2007. Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

12a

NAME

12b

STREET ADDRESS

12c

CITY, ST., ZIP

12d

NAME

12e

STREET ADDRESS

12f

CITY, ST., ZIP

12g

NAME

12h

STREET ADDRESS

12i

CITY, ST., ZIP

12j

NAME

12k

STREET ADDRESS

12l

CITY, ST., ZIP

12m

NAME

12n

STREET ADDRESS

12o

CITY, ST., ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Joseph P. MOLINA

1/21/95

Exhibit 110-1