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

95 JUL 19 PM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # **P94000023539 (7)**

1. Corporate Name

FLORIDA CRIME PREVENTION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11900 5TH STREET EAST TREASURE ISLAND FL 33706	11900 5TH STREET EAST TREASURE ISLAND FL 33706

3. Date Incorporated or Qualified: **03/22/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **59-3231639** ☐ 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 F.S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARTER, HARRY II
14900 5TH STREET EAST
TREASURE ISLAND FL 33706

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 Section 607.0501 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

12. OFFICER AND DIRECTOR	13. ADDITION, CHANGE OR DELETION AND/OR TITLE
D CARTER, HARRY II 11900 5TH STREET EAST TREASURE ISLAND FL 33706	☐ Change ☐ Addition
D CARTER, KIMBERLY 11900 5TH STREET EAST TREASURE ISLAND FL 33706	☒ Change ☐ Addition No longer CHIEF'S CARTER, Kimberly
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

CH

14. I declare, under penalty, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk (*) or is otherwise attached with an asterisk.

SIGNATURE: [signature] 5-22-95 343 7740

SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0307062 CP