FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P94000046162 (1) ON-SITE SECURITY SHREDDERS, INC. Principal Place of Business Mailing Address 9838 OLD BAY MEADOWS RD 9838 OLD BAY MEADOWS RD **STE 316** DO NOT WRITE IN THIS SPACE JACKSONVILLE F 32256 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 06/21/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3244880 26 Suite, Apt #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Żιρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLITON, JANET E 9838 OLD BAYMEADOWS RD Street Address (P.O. Box Number is Not Acceptable) 82 #316 JACKSONVILLE FL 32256 83 City

Block 12 or Block 13 if charged, or on an attachment with an address.

GNATURE:

SIGNATURE:

FILED Apr 24 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

9046421963

Not Applicable

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 title if applicable [NOTE Registered Agent signature required when reinstating] DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TITLE BLITON, PAUL E NAME 1.2 NAME CR2E034 9838 OLD BAYMEADOWS RD STE 316 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 1.4 CITY-ST-ZIP TOTLE DELETE 21 TITLE Change ☐ Addition BLITON, JANET NAME 22 NAME 9838 OLD BAYMEADOWS RD STE 316 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY-ST-ZIP CITY - ST - ZIP **DELETE** Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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