

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000047020 (0)

1. Corporation Name

CORDON SECURITY CORPORATION

**APPROVED
AND
FILED**

95 MAY -1 PM 1:50

DEPT. OF STATE
TALLAHASSEE, FLORIDA

**200001545872
-07/25/95--01102--024
*****8.75 *****8.75**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address	
5510 NO. HIMES AVENUE STE. 402 TAMPA FL 33614		5510 NO. HIMES AVENUE STE. 402 TAMPA FL 33614	
21. State, Apt. #, etc.	26. State, Apt. #, etc.	22. City & State	27. City & State
23. Zip	28. Zip	24. Country	29. Country

3. Date incorporated or Qualified	3a. Date of Last Report
06/20/1994	1 ST
4. FFI Number	Applied For
59-324 8801	☒ Yes ☐ No
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under 5-100.04, Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GELLER, ROBERT M
610 W. AZEELE STREET
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

85. Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby consent the appointment of its registered agent. I am a director, officer, or authorized representative of the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	D HALE, DARWIN
STREET ADDRESS	5510 NO. HIMES AVENUE STE. 402
CITY	TAMPA FL
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

200001545872
-07/25/95--01102--025
****200.00 ****200.00

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information included in 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 a director, officer, or authorized representative of the corporation or the registered agent and am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing of this report.

SIGNATURE: *[Signature]* **Darwin R. Hale**

2/10/95 (813) 873-1115