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PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME



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

1996 P94000047337 (8) DOCUMENT #

1. Corporation Name

ACTION SECURITY SERVICE, INC.

	ACTION	SECURI	ity service, inc), 					·					
Principal Place of Business Malling Address														
268 FRANCES AVE CASSELBERRY FL 32707			268 FRANCES AVE CASSELBERRY FL 32707							· <u></u>			····	
	0,100000									3. Date incom 06/20	orated or Qualified /1994	3a. Dat	of Last Re 05/01/19	95
				2a N	Apilling Address	8				4. FEI Numbe	ATAEAA			opled For
	2. Principal Place of Business									59-3	253530			Not Applicable
21	Suite, Apt. #, 6	Suite, Apt. #, etc. 27 City & State						5. Certificate	of Status Desired			Additional Required		
22	City & State							Trust Fund	mpaign Financing Contribution		Adde	May Be		
23	Zio Country			Zip			Country			8. This corpo	ration has liability for tutes 28 Ye	a ()No		199.032,
24	_	[2	25	29		3	0]			10. Name and	Address of New	Registered	Agent	
	<u> </u>	9. Name i	and Address of Curren	t Registe	ered Agent		- B	11 N	lame					
	TING! F	BORFRT	w				8	12 8	treet Addr	ress (P.O. Box Nu	mber is Not Accepta	sble)		
	TINGLE, ROBERT W 268 FRANCES AVE			 . •				1			,			
1		BERRY FI					6	B3						
	• • • • • • • • • • • • • • • • • • • •								City			F	1 1 1	p Code
													1	registered office
					LATOO Florido	Ctatidos	the show	m-ner	ned compo	ration submits this	statement for the p	orpose of c	nenging its	Lecent Lam
-	11. Pursuant to or registered familiar with.	the provision agent, or , and accept	ons of Sections 607.0502 both, in the State of Florion of the obligations of, Sect	2 and 607 ida. Such tion 607.0	.1508, Florida change was a 0505, Florida S	Statutes, authorized statutes.	the above by the co	re-ner	ned corpor ation's boa	oration submits this and of directors. I h	statement for the pereby accept the ap	purpose of o opointment	es registered	agent. i am
			ons of Sections 607.0502 both, in the State of Flori ot the obligations of, Sect			Statutes, juthorized statutes.	the above by the co	re-ner	ned corporation's boa	1		DATE		
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5.4 CITY - ST-ZIP

8.3 STREET ADDRESS

6. 1 TITLE

6.2 NAME

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)(d). Florids Stirittes. I further certify that the information indicated on this annual report or supplemental annual report is true and socurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and socurate and that my signature shall have the same legal effect as if made under certify that it am an officer or director of the reportion or the reporter of trustee empowered to execute this report as required by Chapter 807, Florids Statutes; and that my name appears in Block 12 or Block 13 if changed; or op an attachment with an address.

DELETE