

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 9:21

DOCUMENT # P94000048033 (2)

1. Corporation Name

ALARM TECHS INCORPORATED

Principal Place of Business

6440 CREATION ST.
ST. CLOUD FL 34771

Mailing Address

6440 CREATION ST.
ST. CLOUD FL 34771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

593249545

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

9. Name and Address of Current Registered Agent

LINDBERY, JAMES
6440 CREATION ST.
ST. CLOUD FL 34771

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 Sections 607.0502 and 607.1506, 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 of individual)

(Signature) (Registered Agent signature required when mandating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

LINDBERY, JAMES
6440 CREATION ST.
ST. CLOUD FL 34771

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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 110.07(3)(k), 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 registered agent 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 addendum with an address.

SIGNATURE:

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

6/7/95 407-957-0358

Date

(Typed Name)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000048755 (0)

1. Corporation Name

U.S. WAGNER, INC.

Principal Place of Business

**1727 COACHMAN PLAZA DR.
#214
CLEARWATER FL 34619**

Mailing Address

**1727 COACHMAN PLAZA DR.
#214
CLEARWATER FL 34619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3256159

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**

7. This corporation has liability for intangible tax under s. 199 (1)(2)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 27001 US HWY 19 N

2a. Mailing Address

26 27001 US HWY 19 N

Suite, Apt. #, etc.

22 UNIT # 2052

Suite, Apt. #, etc.

27 UNIT # 2052

City & State

23 CLEARWATER

City & State

28 CLEARWATER

Zip

24 34621

County

25 PINELLAS

Zip

29 34621

County

30 PINELLAS

9. Name and Address of Current Registered Agent

**YALCIN, TERRY
1727 COACHMAN PLAZA DR.
#214
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

**81 Name YALCIN, TERRY
82 Street Address (P.O. Box Number is Not Acceptable)
27001 US HWY 19 N
83 UNIT # 2052
84 City CLEARWATER FL 85 Zip Code 34621**

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 *Terry Yalcin* **TERRY YALCIN**

6-6-95

DATE

12. OFFICERS AND DIRECTORS

**TITLE PRESIDENT
NAME JURGEN WAGNER
STREET ADDRESS 658 B. KINGFISHER DR
CITY ST ZIP PALM HARBOR, FL 34683**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ~~PRESIDENT~~ ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemptions stated in Section 110 (1)(7)(A)(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. 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 (if changed, or on attachment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JURGEN WAGNER 6-6-95

813-726 3695