FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000057149 (4)

A TO Z LOCK & KEY, INC.

| Decision Disa | 48 | A de la constant | | · - · · · · · · · | | |
|---|--|--|-------------------------------|--------------------------------|---|-----------------------------------|
| Principal Place of Business | | Mailing Address | | | | |
| 15985 CANDLE DRIVE FORT MYERS FL 33908 | | 15965 CANDLE DRIVE FORT MYERS FL 33908 | | | | |
| | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 08/01/1994 | |
| <u>⊢</u> — ' | lace of Business | 2a, Mailing Address | | 4. FEI Number | Applied For | |
| Suite, Apt. #, etc | | 26 Subs Apt # etc | | 65:0517358 | Not Applicable | |
| 22 | | Suite, Apt. #, etc. | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5,00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | | |
| Zip Country | | Zip | , ' , ' | | 8. This corporation owes or has paid the | current year Intangible |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | Yes No |
| | 9, Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Registe | red Agent |
| | LLACARA, FRANCIS L | | 81 | Name | | |
| 15965 CANDLE DRIVE | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| FO | RT MYERS FL 33908 | | 83 | 1 | | |
| | | | | | | |
| | | | 84 | 1 | | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statut | tes, the abov | re-named co | orporation submits this statement for the purporation's board of directors. I hereby accept the | se of changing its registered |
| office or r | egistered agent, or both, in the State Im familiar with, and accept the oblic | e of Florida. Such change was a pations of, Section 607,0505. Fli | authorized b orida Statute | y the corporation | ration's board of directors. I hereby accept the | appointment as registered |
| SIGNATURE | | , | | | | ı |
| SIGIVATORE | Signature, typed or printed name of registered au | | E Registered Ag | ent signature req | ouired when reinstating) DA | |
| 12. | | ND DIRECTORS 13 | | | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | Change Addition |
| NAME | FALLACARA, FRANCIS L | | 1.2 NAME | | | |
| STREET ADDRESS | 15965 CANDLE DRIVE | | | T ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL 33908 | DELETE | 1,4 CITY- | ST-ZIP | | Change Addition |
| TITLE | ST BARRADA BARRADA I | C Detect | 2.1 TITLE | | | Change Addition |
| NAME | | | 2.2 NAME | i | • | |
| STREET ADDRESS | 15965 CANDLE DR | | | T ADDRESS | • | |
| CITY-ST-ZIP TITLE | | | 2.4 CITY- 3.1 TITLE | ST-ZIP | | ☐ Change ☐ Addition |
| NAME | | L. Dittit | 3.2 NAME | | | ☐ cuetings ☐ vacation |
| STREET ADDRESS | | | | T ADDRESS | • | |
| CITY-ST-ZIP | | | 3.3 STREE 3.4, CITY- | | | |
| TITLE | | DELETE | 4.1 TITLE | 31-tir | | Change Addition |
| NAME | | | 4. 2 NAME | . | | The second second |
| STREET ADDRESS | | | | T ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY- | | | |
| TITLE | | DELETE | 5.1 TITLE | V. KII | | Change Addition |
| NAME | | - | 5.2 NAME | | | -· • — |
| STREET ADDRESS | | | | T ADDRESS | | |
| CITY-\$1-ZIP | | | 5.4 CITY- | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change Addition |
| NAME | | | 6.2 NAME | ļ | | |
| STREET ADORESS | | | | T ADDRESS | | |

6.4 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 Block 12 or Block 13 if chapter on an attachment with an address.

4-21-90

454-3330