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1995 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P94000060773 (6)**

1. Corporation Name
SCOTT ALARM OF SARASOTA, INC.

300001492103
-05/17/95--01159--009
****200.00 ****200.00

Principal Place of Business	Mailing Address
5120 SUNBEAM ROAD JACKSONVILLE FL 32257	5120 SUNBEAM ROAD JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 579 Interstate Blvd.	26 8381 Dix Ellis Trail
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 107
City & State 23 Sarasota, FL	City & State 28 Jacksonville FL
Zip 24 34240 Country 25	Zip 29 32256 Country 30

4. FEI Number: 65-0517241 ☐ 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	10. Name and Address of New Registered Agent
ROBINSON, MARY A ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE FL 32202	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 607.1508, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	S/D	☒ Change ☐ Addition
NAME	SCOTT, BRUCE	12 NAME		
STREET ADDRESS	3362 STATE ROAD 13	13 STREET ADDRESS		
CITY ST ZIP	SWITZERLAND FL 32259	14 CITY ST ZIP		
TITLE	D	21 TITLE	T/D	☐ Change ☐ Addition
NAME	SCOTT, DEBRA	22 NAME		
STREET ADDRESS	3362 STATE ROAD 13	23 STREET ADDRESS		
CITY ST ZIP	SWITZERLAND FL 32259	24 CITY ST ZIP		
TITLE	D	31 TITLE	P/D	☒ Change ☐ Addition
NAME	LANDOLFI, JOSEPH W	32 NAME		
STREET ADDRESS	6021 MERRIEWOOD DRIVE	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32808	34 CITY ST ZIP		
TITLE		41 TITLE	V/D	☐ Change ☒ Addition
NAME		42 NAME	Jacqueline S. Landolfi	
STREET ADDRESS		43 STREET ADDRESS	6021 Merriewood Drive	
CITY ST ZIP		44 CITY ST ZIP	Orlando, FL 32808	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	Sec	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	5-1-95	
CITY ST ZIP		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 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 above/on, or on an attachment with an address.

SIGNATURE: Vernil H. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024877 CP