FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 8:56

DOCUMENT # **P94000072771 (6)**

1. Corporation Name
ACCESS LOCKSMITH & SECURITY SERVICES, INC.

Principal Place of Business	Mailing Address
~~8219 GREENLEAF CIRCLE~~ ~~TAMPA FL 33615~~ 4025 W. WATERS AVE STE. 103 TAMPA FL 33614	~~8219 GREENLEAF CIRCLE~~ ~~TAMPA FL 33615~~ 4025 W. WATERS AVE TAMPA STE 103 FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4025 W. Waters Ave.	26 4025 W. Waters Ave.
Suite, Apt. #, etc 22 Suite 103	Suite, Apt. #, etc 27 Suite 103
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip / Country 24 33614 / 25 Hillsboro	Zip / Country 29 33614 / 30 Hillsboro

4. FEI Number: 59-3289197 ☐ 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
MCDOWELL, GENE 4141 W. WATERS AVENUE TAMPA FL 33614	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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	SHURLOW, RICHARD A	12 NAME	Shurlow, Richard A.
STREET ADDRESS	18118 U.S. HIGHWAY 41 NORTH, #3-A	13 STREET ADDRESS	4025 W. Waters Ave Suite 103
CITY-ST-ZIP	LUTZ FL 33549	14 CITY ST ZIP	TAMPA FL 33614
TITLE	D	21 TITLE	D President ☒ Change ☐ Addition
NAME	VALMA, BOB A	22 NAME	Valma, BOB A.
STREET ADDRESS	8219 GREENLEAF CIRCLE	23 STREET ADDRESS	4025 W. Waters Ave Suite 103
CITY ST ZIP	TAMPA FL 33615	24 CITY ST ZIP	TAMPA FL 33614
TITLE	Helen PARHAM	31 TITLE	Vice President / Tres. ☐ Change ☒ Addition
NAME	10309 Pennytree PL	32 NAME	Helen Parham
STREET ADDRESS	TAMPA FL 33624	33 STREET ADDRESS	4025 W. WATER AVE. STE. 103
CITY ST ZIP		34 CITY ST ZIP	TAMPA FL 33614
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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)(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 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 an attachment with an address.

SIGNATURE: _____ 5-19-95 (813) 249-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0443291 FP