FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000093663 (0)**

1. Corporation Name

LEATHERNECK SECURITY, INC.

Principal Place of Business	Mailing Address
3110 1ST AVE N NO 2-L ST PETERSBURG FL 33713	3110 1ST AVE N NO 2-L ST PETERSBURG FL 33713

3. Date Incorporated or Qualified: **01/01/1995** | 3a. Date of Last Report:

4. FEI Number: **59-3294737** | ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 Same As Above	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City, & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WATKINS, CARL T
7345 JACKSON SPRINGS ROAD #3
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name: **N/A**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kristofor Lee Halverson — KRISTOFOR LEE HALVERSON — 03-27-96
(Signature of registered agent, if changing) (Printed name of registered agent, if changing) (Date)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALVERSON, KRISTOFOR 1175 CAPRI CIR SOUTH TREASURE ISLAND FL 33706	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALVERSON, EVANGELIA 1175 CAPRI CIR SOUTH TREASURE ISLAND FL 33706	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	N/A	☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	N/A	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	N/A	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	N/A	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	N/A	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	N/A	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate 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 if changed or added by an attachment with an address.

SIGNATURE: Kristofor Lee Halverson — 03-27-96 — 813-327-6647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

KRISTOFOR LEE HALVERSON