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FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000009053 (6)

1. Corporation Name

GUARDIAN FIRE SYSTEMS INC.



Principal Place of Business

3116 E. BUS 98
PANAMA CITY FL 32401

Mailing Address

3116 E. BUS 98
PANAMA CITY FL 32401-5416

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

08/29/1996

2. Principal Place of Business

21 Guardian Fire Systems Inc.

2a. Mailing Address

27 Guardian Fire Systems Inc.

4. FEI Number

59-3294848

Applied For

Not Applicable

Suite, Apt. #, etc.

22 3116 E Bus 98

Suite, Apt. #, etc.

27 3116 E Bus 98

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Panama FL

City & State

28 Panama City FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32401

Country

25 Bay

Zip

29 32401

Country

30 Bay

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OWENS, DENNIS
1319 ILLINOIS AVENUE
LYNN HAVEN FL 32444

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 607.1508, 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 Dennis Owens

(Signature of person or persons of registered agent of first title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

1-8-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME OWENS, DENNIS
STREET ADDRESS 1319 ILLINOIS AVENUE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE V ☐ DELETE

NAME OWENS, ROBIN
STREET ADDRESS 7503 LITTLETON ROAD
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 7503 LITTLETON RD
1.4 CITY-ST-ZIP Panama City FL 32404

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS Robin Owens
7503 LITTLETON RD
2.4 CITY-ST-ZIP Panama City FL 32404

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS V. PT. CHRIS OWENS
2638 CANAL AVE
3.4 CITY-ST-ZIP Panama City FL 32405

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Dennis Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

9049136163

Date Daytime Phone

CR2E034 (9/96)