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Apr 22 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 # P95000010316 (4)

1. Corporation Name

ALL PHASE SECURITY, INC.

Principal Place of Business

Mailing Address

4621 - 42ND AVE N
ST PETERSBURG FL 33714

4621 - 42ND AVE N
ST PETERSBURG FL 33714-3423



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

04/19/1996

4. FEI Number

59-3310478

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

LILLY, KEITH W
4621 - 42ND AVE N
ST PETERSBURG FL 33714

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME LILLY, KEITH W
STREET ADDRESS 4621 - 42ND AVE N
CITY - ST - ZIP ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE P
1.2 NAME LILLY, KEITH W.
1.3 STREET ADDRESS 4621 - 42ND AVE N
1.4 CITY - ST - ZIP ST PETERSBURG FL 33714

2.1 TITLE V
2.2 NAME GUTIERREZ, VICTOR
2.3 STREET ADDRESS 39 LAKE HOBBS RD.
2.4 CITY - ST - ZIP LUTZ, FL 33549

3.1 TITLE S
3.2 NAME O'NEILL, EDWARD R.
3.3 STREET ADDRESS 1400 CANTERBURY RD.
3.4 CITY - ST - ZIP ST. PETERSBURG, FL 33710

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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: Keith W. Lilly, President

4-18-97 813-528-2766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)