

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 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 # P95000013034 (0)

1. Corporation Name

SENTRY ELECTRICAL SERVICES, INC.

Principal Place of Business

5107 LUTZ LAKE FERN RD  
LUTZ FL 33549  
US

Mailing Address

5107 LUTZ LAKE FERN RD  
LUTZ FL 33549-4970  
US

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

03/26/1996

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

9. Name and Address of Current Registered Agent

BANE, CAROL  
5201 LUTZ LAKE FERN RD  
LUTZ FL 33549

4. FEI Number

59-1873887

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 ☒

10. Name and Address of New Registered Agent

81 Name

IRENE GRIFFIN

82 Street Address (P.O. Box Number is Not Acceptable)

5107 LUTZ LAKE FERN RD

83

84 City

LUTZ

FL

85 Zip Code

33549

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 *Irene Griffin*

1-15-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, GEORGE P	
STREET ADDRESS	5201 LUTZ LAKE FERN RD	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANE, CAROLE	
STREET ADDRESS	5201 LUTZ LAKE FERN RD	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANE, WILLIAM	
STREET ADDRESS	5201 LUTZ LAKE FERN RD	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5107 LUTZ LAKE FERN RD
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	263 LAIRD ROAD
2.4 CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	263 LAIRD ROAD
3.4 CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433
4.1 TITLE (DIR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	IRENE GRIFFIN
4.3 STREET ADDRESS	5107 LUTZ LAKE FERN RD
4.4 CITY - ST - ZIP	LUTZ, FLA 33549
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *George Griffin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 1997 (813) 920-5870

Date

Daytime Phone #

CR2E034 (9/96)