## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name P95000024602 (1) SCHULTZ SECURITY SYSTEMS, INC. Principal Place of Business Mailing Address <del>-P O DOX 2437</del>1 - BOST CHESTER AVENUE JACKSONVILLE TE SEE41 JACKSONALLE E DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1995 2. Principal Place of Business PioB. 1053 4. FEI Number Applied For 9780 frestow 11 59-3298845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes □ No 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SCHULTZ, FREDRIC B 9780 PRESTON TRAIL WEST 82 Street Address (P.O. Box Number is Not Acceptable) **PONTE VEDRA FL 32082** 83 City Zip Code 85 FI 11. Pursuant to the provisions of Soctions 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE NAME SCHULTZ, FREDRIC B 1.2 NAME 9780 PRESTON TRAIL WEST STREET ADDRESS 1.3 STREET ADDRESS PONTE VEDRA FL 32082 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change TITLE 2.1 TITLE HARRIS, DIANNE T 22 NAME NAME 10849 HAMPTON RD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4,1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

**6.3 STREET ADORESS** 6.4 CITY-ST-ZIP

President

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

14. I 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 suppliamental 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 changes. 904-285-5874