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 # **P95000028180 (4)**

1. Corporation Name

SECURITY RESOURCE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
501 S. FT. HARRISON, SUITE 3 CLEARWATER FL 34616	501 S. FT. HARRISON, SUITE 3 CLEARWATER FL 34616

3. Date Incorporated or Qualified: **04/10/1995**

3a. Date of Last Report:

4. FEI Number: **59-3313554** ☐ 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	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent

STAACK, JAMES A
600 CLEVELAND STREET SUITE 760
CLEARWATER FL 34615

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 607.0505 and 607.1505, 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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	APPELT, JAMES D		12 NAME		
STREET ADDRESS	501 S. FT. HARRISON, SUITE 3		13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DONOGHUE, KEVIN J		22 NAME		
STREET ADDRESS	501 S. FT. HARRISON, SUITE 3		23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PRICE, WILLIAM E		32 NAME		
STREET ADDRESS	501 S. FT. HARRISON, SUITE 3		33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE	P	☐ Change ☒ Addition
NAME	PREWETT, LUCAS		42 NAME	PREWETT, LUCAS	
STREET ADDRESS	501 S. FT. HARRISON, SUITE 3		43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE	S/T	☐ Change ☒ Addition
NAME	KERWIN, TIMOTHY J		52 NAME	KERWIN, TIMOTHY J.	
STREET ADDRESS	501 S. FT. HARRISON, SUITE 3		53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 on an attached sheet, with an address.

SIGNATURE: Lucas Prewett — 4/15/96 — 813-446-4988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #