FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS P95000029537 (4) **DOCUMENT #**

GOLDEN EAGLE SECURITY & ELECTRONICS, INC.

Principal Place of Business Mailing Address							ERICH MOING HOND	With Milita Hilly and Indi	
6511 NORTI TAMPA FL	651	6511 NORTH HIMES AVENUE TAMPA FL 33615							
							3. Date Incorporated or Qualified 3. 04/10/1995	3a. Date of La	ist Report
2. Principal Plac	ce of Business	2a. Maile 26	ig Address				59-3316978		Applied For Not Applicable
Suite, Apt. #,	etc.	Suite 27	, Apt. #, etc.				5. Certificate of Status Desired [—	3.75 Additional Fee Required
Crty & State		City .	City & State				6. Election Campaign Financing Trust Fund Contribution	, ,	5.00 May Be Added to Fees
Z _I p	Country 25	2ip		Counti 30	У		8. This corporation has liability for inta Florida Statutes		deris 199.032,
	9. Name and Address of Curren	t Registered	Agent		er.		10. Name and Address of New Fleg	istered Agen	it .
				8	1	Name			
6511 N	NS, NANCY IORTH HIMES AVENUE				2	Street Add	dress (P.O. Box Number is Not Acceptable)		
TAMPA	A FL 33615			8:	3				
•				8-	4	City		FL 85	Zip Code
or registere familiar with	the provisions of Sactions 607,0507 d agent, or both, in the State of Floric n, and accept the obligations of, Sactional to the state of the obligations of the saction of	ta. Such char on 607 0505,	ige was authoriz Florida Statutes	ed by the cor i.	ъc	oration's boa	ration submits this statement for the purpound of directors. I hereby accept the appoin	se of changing trient as regis	g its registered office itered agent. I am
12.	OFFICERS AND	DIRECTOR	·	13.		Cade act has	ADDITIONS/CHANGES TO OFFICE		ECTORS IN 12
TITLE	D		[] DELETE	1.1100	 F	<u>-</u>		[] Cn	
NAME	HOSKINS, GARY E			1.2 NAM	ŧ				
STREET ADDRESS	3306 BELLE SHADOW LAN	IE		1.3 STAF	EL,	ADDRESS			
CITY - ST - ZIP	TAMPA FL 33634			1.4 C+TY	- 51	T - ZIP			
TIFLE	D D		DELETE	2 1 H/I	E			□ Cr	iange 🔲 Addition
NAME	HOSKINS, NANCY 3306 BELLE SHADOW LAN	IE		2.2 NAM					
STREET ADDRESS	TAMPA FL 33634	IC.				ADDRESS			
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STREET ADORESS						ADDRESS			
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NAME				4.2 NAM	F	ļ			
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NAME				5.2 NAM	lé		ምምምርርን , ሀ ፀ		
STREET ADDRESS				5.3 STR	Н	ADDRESS			
CITY - ST - ZIP				5.4 CiTy		t - ZIF			<u> </u>
TITLE			☐ DELETE	6 1 1111				☐ CI	hange [] Addition
NAME				6.2 NAV					
STREET ADDRESS				6.3 STRE	ίl	ADDRESS			

6.4 C-1 Y - ST - Z-8

14. 130 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)(k). 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 employment to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block. 13 if changes, or on an attractment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR