

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045863 (4)

1. Corporation Name

AMERICAN SECURITY SERVICES INC.



Principal Place of Business

2859 GLORIA COURT
CLEARWATER FL 34621

Mailing Address

PO BOX 13156
CLEARWATER FL 34621

2. Principal Place of Business

2a. Mailing Address

21 2859 Gloria Court

26 P.O. Box 13156

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Clearwater FL. 34621

28 Clearwater FL. 34621

24 Zip Country

29 Zip Country

34621 U.S.A.

34621 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

4. FEI Number

59-3319943

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

KAUTEN, NEIL N
2859 GLORIA COURT
CLEARWATER FL 34621

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 of Registered Agent (Required when agent is not the incorporator)

Signature of Registered Agent (Required when not the incorporator)

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME James J. Urbanski
STREET ADDRESS 3763 So. Massachussetts Ave.
CITY, ST., ZIP Milwaukee, WI. 53220

TITLE Vice President
NAME Neil Kauten
STREET ADDRESS 2859 Gloria Court
CITY, ST., ZIP Clearwater Fla. 34621

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST., ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST., ZIP

6.1 TITLE ☐ Change ☐ 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 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 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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 813-669-6100
Daytime Phone

CR2E034 (12/95)