

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

CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 96000062004  
1. Corporation Name

Master Guard of Northwest Florida, Inc.

Principal Place of Business

Mailing Address

APPROVED  
AND  
FILED

1996 MAY -1 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200001814812  
-05/03/96--01059--021  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

|                                                                             |  |                         |  |                                                       |  |                                                         |  |
|-----------------------------------------------------------------------------|--|-------------------------|--|-------------------------------------------------------|--|---------------------------------------------------------|--|
| 2. Principal Place of Business                                              |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified                     |  | 3a. Date of Last Report                                 |  |
| 21 <u>512 South Palafox St.</u>                                             |  | 26 <u>P.O. Box 881</u>  |  | <u>August 8, 1993</u>                                 |  | <u>N/A</u>                                              |  |
| Suite, Apt. #, etc.                                                         |  | Suite, Apt. #, etc.     |  | 4. FEI Number                                         |  | Applied For                                             |  |
| 22                                                                          |  | 27                      |  | <u>593334363</u>                                      |  | Not Applicable                                          |  |
| City & State                                                                |  | City & State            |  | 5. Certificate of Status Desired                      |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 23 <u>Pensacola, FL</u>                                                     |  | 28 <u>Pensacola, FL</u> |  | <input type="checkbox"/> \$5.00 May Be Added to Fees  |  | 6. Election Campaign Financing Trust Fund Contribution  |  |
| Zip                                                                         |  | Zip                     |  | Country                                               |  | Country                                                 |  |
| 24 <u>32501</u>                                                             |  | 25 <u>Escambia</u>      |  | 29 <u>32594</u>                                       |  | 30 <u>Escambia</u>                                      |  |
| 9. Name and Address of Current Registered Agent                             |  |                         |  | 10. Name and Address of New Registered Agent          |  |                                                         |  |
| <u>ROBERT BAISDEN</u><br><u>208 NORWICH</u><br><u>Gulf Breeze, FL 32561</u> |  |                         |  | 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 Robert Baisden ROBERT BAISDEN 5-1-96  
Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                       |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |  |  |
|----------------------------|-----------------------|--|--|-------------------------------------------------------|-------------------------------------------------------------------|--|--|
| TITLE                      | President             |  |  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | Robert Baisden        |  |  | 1.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 208 Norwich           |  |  | 1.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY - ST - ZIP            | Gulf Breeze, FL 32561 |  |  | 1.4 CITY - ST - ZIP                                   |                                                                   |  |  |
| TITLE                      | Vice President        |  |  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | Stephanie Baisden     |  |  | 2.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 208 Norwich           |  |  | 2.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY - ST - ZIP            | Gulf Breeze 32561     |  |  | 2.4 CITY - ST - ZIP                                   |                                                                   |  |  |
| TITLE                      |                       |  |  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                       |  |  | 3.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                       |  |  | 3.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY - ST - ZIP            |                       |  |  | 3.4 CITY - ST - ZIP                                   |                                                                   |  |  |
| TITLE                      |                       |  |  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                       |  |  | 4.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                       |  |  | 4.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY - ST - ZIP            |                       |  |  | 4.4 CITY - ST - ZIP                                   |                                                                   |  |  |
| TITLE                      |                       |  |  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                       |  |  | 5.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                       |  |  | 5.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY - ST - ZIP            |                       |  |  | 5.4 CITY - ST - ZIP                                   |                                                                   |  |  |
| TITLE                      |                       |  |  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                       |  |  | 6.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                       |  |  | 6.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY - ST - ZIP            |                       |  |  | 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 with an address.

SIGNATURE: Robert Baisden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BAISDEN 4-3096 (904) 433-2151  
Date Daytime Phone