

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000090768 (9)

1. Corporation Name

CRIMEBUSTER ALARMS, INC.



Principal Place of Business

Mailing Address

5757 BENEVA ROAD SOUTH
SARASOTA FL 34233

5757 BENEVA ROAD SOUTH
SARASOTA FL 34233

3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5777 BENEVA ROAD SOUTH

26 5777 BENEVA ROAD SOUTH

4. FEI Number

65-0622681

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 UNIT 14

27 UNIT 14

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 SARASOTA FL

28 SARASOTA FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34233

25 SARASOTA

29 34233

30 SARASOTA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, DAVID P
5757 BENEVA ROAD SOUTH
SARASOTA FL 34233

81 Name

DANIEL L. PREWITT

82 Street Address (P.O. Box Number is Not Acceptable)

5777 BENEVA ROAD SOUTH, UNIT 14

83

84

City SARASOTA

FL

85 Zip Code
34233

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 607.0506, Florida Statutes.

SIGNATURE

Daniel L. Prewitt
Signature, typed or printed name of registered agent and title (if applicable)

Daniel L. Prewitt
(NOTE: Registered Agent signature required when registering)

7/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
MIDDLETON, CHERI
STREET ADDRESS 5757 BENEVA ROAD SOUTH
CITY - ST - ZIP SARASOTA FL 34233

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

RD, T.
ALLEN, HELEN
4315 BUENA VISTA DR. N.
ELLENTON, FL 34222

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

V, D, S,
ALLEN, ALVA
4315 BUENA VISTA DR. N.
ELLENTON, FL 34222

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(x), Florida Statutes. I further certify that the information included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alva Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

Date

Dayton, P.O. #

CR2E034 (3/96)