

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90087 012 \*\*\*150.00

DOCUMENT # P96000010981

1. Corporation Name  
PROVIDENT SECURITY, INC.

Principal Place of Business  
16 TARPON DRIVE  
TARPON SPRINGS FL 34689

Mailing Address  
16 TARPON DRIVE  
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number  
59-3358337

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 10476 Nottingham Forest

26 PO Box 995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Brooksville, FL

24 34601

Country

27 City & State

28 Brooksville FL

29 34605

Country

9. Name and Address of Current Registered Agent

JACKSON, NORWOOD KEITH  
16 TARPON DRIVE  
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

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

10476 Nottingham Forest Dr.

83

84 City Brooksville

FL

85 Zip Code 34601

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME JACKSON, NORWOOD KEITH  
STREET ADDRESS 16 TARPON DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE V ☐ DELETE  
NAME JACKSON, NORWOOD  
STREET ADDRESS 24184 WESTMINSTER CT  
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE ST ☐ DELETE  
NAME JACKSON, CHRISTINA  
STREET ADDRESS 16 TARPON DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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 10476 Nottingham Forest Dr  
1.4 CITY-ST-ZIP Brooksville FL 34601

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 10476 Nottingham Forest Dr  
3.4 CITY-ST-ZIP Brooksville, FL 34601

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 hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: Christina M. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (352) 97-0417

Date Daytime Phone #

0491583

CR2E034 (11/98)