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FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000034847 (9)

1. Corporation Name  
INCOL SECURITY SERVICES, INC.



Principal Place of Business

14721 SW 113 LANE  
MIAMI FL 33196

Mailing Address

14721 SW 113 LANE  
MIAMI FL 33196-3096

2. Principal Place of Business

21 24092 Redfish Cove Dr

Suite, Apt. #, etc.

22 City & State

23 Punta Gorda, FL

Zip

24 33955

Country

25 USA

2a. Mailing Address

26 24092 Redfish Cove Dr

Suite, Apt. #, etc.

27 City & State

28 Punta Gorda, FL

Zip

29 33955

Country

30 USA

3. Date Incorporated or Qualified

04/22/1996

3a. Date of Last Report

4. FEI Number

54-1118499

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

9. Name and Address of Current Registered Agent

COLEMAN, JAMES M  
14721 SW 113 LANE  
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
24092 Redfish Cove Drive

83

84 City Punta Gorda

FL

85 Zip Code

33955

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

James M. Coleman

James M. Coleman - President

20 Feb 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President  
NAME James M. Coleman  
STREET ADDRESS 24092 Redfish Cove Drive  
CITY-ST-ZIP Punta Gorda, FL 33955

TITLE Secretary/Treasurer  
NAME Joan M. Coleman  
STREET ADDRESS 24092 Redfish Cove Drive  
CITY-ST-ZIP Punta Gorda, FL 33955

TITLE Vice-President  
NAME Kerry A. Coleman  
STREET ADDRESS 3349 Franklin Avenue  
CITY-ST-ZIP Miami, FL 33133

TITLE  
NAME James D. Coleman  
STREET ADDRESS 10696 Winfield Loop  
CITY-ST-ZIP Manassas, VA 22110  
Vice President

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

James M. Coleman James M. Coleman

20 FEB 97

914-505-2757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)