

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  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90104 042 \*\*\*150.00

DOCUMENT # P96000039544

1. Corporation Name

TIGER SECURITY AND INVESTIGATIONS INC.

Principal Place of Business

879 N VOLUSIA AVE  
STE C  
ORANGE CITY FL 32763  
US

Mailing Address

879 N VOLUSIA AVE  
STE C  
ORANGE CITY FL 32276  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

59-3387769

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HENDRICKSON, H  
879 N VOLUSIA AVE  
STE C  
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name

Mike Vega

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

879 N. Volusia Ave

83

Suite C

84 City

Orange City

FL

85 Zip Code

32763

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 DS ☒ DELETE

NAME DAVIS, JAMES M  
STREET ADDRESS 351 W VIRGINIA AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE DP ☐ DELETE

NAME VEGA, MIKE  
STREET ADDRESS 829 HENDERSON ST  
CITY-ST-ZIP DELTONA FL 32725

TITLE D ☒ DELETE

NAME OSBORNE, CHARLES  
STREET ADDRESS 1011 GENOA AVE  
CITY-ST-ZIP DELTONA FL 32725

TITLE DT ☒ DELETE

NAME HENDRICKSON, H M  
STREET ADDRESS 10121 GENRONA AVE  
CITY-ST-ZIP DELTONA FL 32725

TITLE DVP ☒ DELETE

NAME HUBBES, R J  
STREET ADDRESS 225 JARVIS AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

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

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 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)