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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055185 (8)

SENTRY COMMUNICATION SERVICES, INC.

Principal Place of Business Mailing Address

4827 HIGHLANDS PL. DR.
4827 HIGHLANDS PL. DR.
LAKELAND FL 33813-2184

FILED May 13 1997 8:00am Secretary of State



4827 HIGHLANDS PL. DR. LAKELAND FL 33813			4827 HIGHLANDS PL. DR. Lakeland Fl. 33813-2184				
					3. Date Incorporated or Qualified 06/21/1996	3a. Date of Last F	Report
2. Principal Place of Business		2a. Mailing Address	5		4. FEI Number	, A	pplied For
21		26	26		59-339129	74 IN	lot Applicable
Suite Apt # etc. 22		Suite, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip [29]	Count 30	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent	
MAS	TROPIETRO, DONALD R		8	1 Name			
4827 HIGHLANDS PL. DR. LAKELAND FL 33813			8	2 Street Add	t Address (P.O. Box Number is Not Acceptable)		
			8	3			
			8	4 City		FL 85 Zip	Code
office or n agent. Lai SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the of	itate of Florida. Such change bligations of, Section 607.05	was authorized i 05, Florida Statut	by the corpora es.	rporation submits this statement for the pation's board of directors. I hereby accep	of the appointment as	registered
	Signature, type dior printed name of registere	AND DIRECTORS	(NOTE: Hogistered A	geni signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC		DC IN 12
12.		AND DIRECTORS DELE		— т	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	CP Donald K. Mastro, 4827 Hishlando K Lakeland, Fl 33		1.2 NAM	E		tim the de	Z.J. Addicon
STREET ADDRESS OHY-ST-ZIP	Lakeland El 33	1813	1.4 City	ET ADDRESS			
THYLE	1770	1 DELF				☐ Change	Addition
NAME.	vi.	· ties	2.2 NAM				_
STREET ADDRESS	Joanne A. Mastro	hen Deule		ET ADDRESS			
CHY-ST-ZIP	Joanne A. Mastro 1827 Hishlands Ph Lakeland, Fl 3381	3	2.4 CIT)	-ST-ZIP			
THE		DELE				Change	Addition
NAME			32 NAM	E .			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CHTY-ST-ZiP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELE				☐ Change	Addition
NAME			4. 2 NAA	l£			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
DITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELE				☐ Change	Addition
NAM:			5.2 NAM	E		-	
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP			5.4 CITY	Į.			
TILE		DELE				Change	Addition
NAME		Dept.	62 NAM			La chango	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Į				i			
STHEET ADDRESS			63 STRE	ET ADDRESS			

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 amust report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that it 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 43 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #