

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000067276 (1)

1. Corporation Name

PROTECTIVE SYSTEMS OF JACKSONVILLE, INC.

Principal Place of Business

10903 HOUNDWELL WAY
JACKSONVILLE FL 32225

Mailing Address

10903 HOUNDWELL WAY
JACKSONVILLE FL 32225-1573

3. Date Incorporated or Qualified

3a. Date of Last Report

08/13/1996

4. FEI Number

57-3403966

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCUNE, JONATHAN E
10903 HOUNDWELL WAY
JACKSONVILLE FL 32225

81 Name

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

83

84 City

FL

85 Zip Code

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

Jonathan E. McCune JONATHAN E. MCCUNE, PTD

4-3-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KEHRT, DANIEL E
STREET ADDRESS 10951 HOUNDWELL WAY
CITY-STATE-ZIP JACKSONVILLE FL 32225

DELETE

1.1 TITLE PD TO
1.2 NAME MCCUNE, JONATHAN E
1.3 STREET ADDRESS 10903 HOUNDWELL WAY
1.4 CITY-STATE-ZIP JACKSONVILLE FL 32225

Change Addition

TITLE VTD
NAME MCCUNE, JONATHAN E
STREET ADDRESS 10903 HOUNDWELL WAY
CITY-STATE-ZIP JACKSONVILLE FL 32225

DELETE

2.1 TITLE VSD
2.2 NAME HAYDEN, CHARLES J III
2.3 STREET ADDRESS 10934 HOUNDWELL WAY
2.4 CITY-STATE-ZIP JACKSONVILLE FL 32225

Change Addition

TITLE SD
NAME HAYDEN, CHARLES J III
STREET ADDRESS 10934 HOUNDWELL WAY
CITY-STATE-ZIP JACKSONVILLE FL 32225

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

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

Change Addition

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:

Charles J. Hayden III REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97
Date

(904) 645-5277
Daytime Phone

0037384

CR2E034 (9/96)