## 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

## DOCUMENT # P96000101403

JP SECURITY HOLDINGS, INC.



							<u> </u>				
Principal Place of Business Mailing Address											
2699 N.W. 16TH BLVD. 2699 N.W. 16TH BLVD.											
okeechobee i	FL 34972	OKEECHOBEE FL 34972				DO NOT WRITE	IN THIS S	SPACE			
							3. Date Incorporated or Qualifed				
							12/16/1996				ļ
2 Bringing Di	acc of Business	22	. Mailing Address				4. FEI Number		$\neg$	App	lied For
2. Principal Place of Business			. Maining Address				65-0726450		Not Applicable		
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.						\$8.7		ditional
Suite, Apt. #, etc.			¬ ' ' '				5. Certifcate of Status Desired			e Req	
City & State			City & State				6. Election Campaign Financing S5.00 May Be				
23		28					Trust Fund Contribution			ded to	• 1
Zip	Country		Zip	Cou	intry		8. This corporation owes the current	year Inta	ngible		-
24	25	29		30			Personal Property Tax.		☐ Yes	]	□No
	9. Name and Address of Curre	nt Regis	stered Agent		<u>L</u>		10. Name and Address of New Reg	istered A	gent		
					81	Name					
	ER, JOE H				82	Street Add	ress (P.O. Box Number is Not Acceptable	 e)			
2699 N.W. 16TH BLVD.							X. (101000 (1.0) 00 (1.1111)				
OKE	ECHOBEE FL 34972				83						
					84	City			85	Zip Co	ode
						-	poration submits this statement for the pu	<u> FL</u>	1 1	·	
agent. I a	m familiar with, and accept the obligations of the obligation of t						ed when reinstating}	DATE			
12.	OFFICERS A			13.	<u> </u>		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOF	RS IN 12
TITLE	D		☐ DELETE	1.1 T	πE				☐ Cha	inge	☐ Addition
NAME	BAKER, JOE H			1.2 N	AME						}
STREET ADDRESS	P.O. BOX 2053 N/A			1.3 S	TREET	ADDRESS					}
CITY-ST-ZIP	OKEECHOBEE FL 34973			1.4 C	ITY-S1	r-ZiP					
TITLE	D		☐ DELETE	2.1 T	TLE				Cha	inge	☐ Addition
NAME	BAKER, PEGGY J			2.2 N	AME						
STREET ADDRESS	P.O. BOX 2053 N/A			2.3 S	TREET	ADDRESS	•				
CITY-ST-ZIP	OKEECHOBEE FL 34973			2.40	CITY-S	T-2IP					
TITLE			☐ DELETE	3.1 T	TLE		· ·		☐ Cha	inge	☐ Addition
NAME				3.2 N	AME						
STREET ADDRESS				3.3 S	TREET	ADDRESS					Ì
CITY-ST-ZIP				3.4. 0	ITY- S	T-ZIP					F73 > 1.00
TITLE			☐ DELETE	41T	TLE				Cha	enge	☐ Addition
NAME				4.2↑	IAME			-			
STREET ADDRESS				43S	TREET	ADDRESS					
CITY-ST-ZIP				440	ITY-S	T-ZIP					- Addition
TITLE			☐ DELETE	5.1 T					☐ Cha	ınge	Addition )
NAME				5.2 N							ł
STREET ADDRESS						ADDRESS					Ì
CITY-ST-ZIP			C severe		ITY-S	T-Z!P				nac	☐ Addition
TITLE			☐ DELETE	6.1 T					☐ Cha	any e	
NAME				6.2 N		DBDC00					
STREET ADDRESS	h			6.3 S	IKEE	ADDRESS					

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 of 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:

🍂 🦫 PEGGY J. BAKER

01 - 20 - 99

941-357-7944