Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

☑No

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 # P96000102382

1. Corporation Name

| GUARDIAN SOLUTIONS, INCORPORATED | | | | | | | | | |
|---|-----------------------------------|---|----------|--------------------|---|--|--|--|--|
| Principal Place of Business | Mailing Address | | | | E INDRINGE IN E INCID MILIT ENGLE SOLIT ENLAS CION DAVIO LING | | | | |
| 3551 BONITA BAY BLVD BONITA SPRINGS FL 34134 | | 3551 BONITA BAY BLVD BONITA SPRINGS FL 34134 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | • | | | 3. Date Incorporated or Qualifed 12/19/1996 | | | | |
| Principal Place of Business 1 | 2a. Mailing Addre | 2a. Mailing Address | | | 4. FEI Number 56-1775555 | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, | etc. | | | 5. Certificate of Status Desired F | | | | |
| City & State | City & State | _ | | | 6. Election Campaign Financing Trust Fund Contribution \$5 | | | | |
| Zip Cour 24 25 | | Cour | ntry | | 8. This corporation owes the current year Intangible Personal Property Tax. | | | | |
| | Iress of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| MOURICK, DAVID J ES 3551 BONITA BAY BLV | | L | 81 82 | Name Street Add | ress (P.O. Box Number is Not Acceptable) | | | | |
| BONITA SPRIGNS FL 3 | | } | 83 | | | | | | |

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90014 023 ***150.00



| BUNITA SPRIGNS FL 34134 | | | 83 | | | | | |
|-------------------------|---|-----------------------------|------------------|------------------------|--|--|---------------------------------|------------------------|
| | | | 84 | City | | FL | 85 Zip C | |
| office or r | to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flo m familiar with, and accept the obligations of the section of the sec | rida. Such change was au | ithorized by t | -named co he corpor | orporation submits this statement for ation's board of directors. I hereby | or the purpose of o accept the appoin | thanging its it tment as reg | registered pistered |
| SIGNATURE | Signature, typed or printed name of registered agent and til | le if applicable (NOTE: | Registered Agent | signature rec | quired when reinstating) | DATE | | |
| 12, | OFFICERS AND DIF | | 13. | | ADDITIONS/CHANGES T | O OFFICERS AND | DIRECTO | RS IN 12 |
| TILE | P | ☐ DELETE | 1,1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME . | FINN. DONALD E | | 1.2 NAME | | | | | |
| STREET ADDRESS | ATT A BONITA BAY BUILD | | 13 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | | 1.4 CITY-ST | -ZIP | | | | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | MOURICK, BARBARA | | 2.2 NAME | 1 | | | | |
| STREET ADDRESS | ACCA DOMITA DAY DIND | | 2.3 STREET | ADDRESS | | | | , |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | | 2. 4 CITY-ST | r-ZIP | , | | | |
| TITLE | T | DELETE | 3.1 TITLE | | | | ☐ Change | Addition |
| NAME | FINN, DONALD E | | 3.2 NAME | | | • | | |
| STREET ADDRESS | 3551 BONITA BAY BLVD | | 3.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | | 3.4. CITY-ST | r-zip | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | 4.2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | · | | 4.4 CITY-ST | -ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | 1 | | | ☐ Change | ☐ Addition { |
| NAME | | | 5.2 NAME | Ī | | | | 1 |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | · |
| CITY-ST-ZIP | | | 5.4 CITY-ST | -ZIP | | · . | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | • • | | 6.4 CITY-ST | | | | | |
| 14. I hereby | certify that the information supplied with this | filing does not qualify for | the exemption | on stated | in Section 119.07(3)(i), Florida Stat | tutes. I further certi | ify that the in | formation |

the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the informative receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. indicated on this annual report or supplemental annual officer or director of the corporation of the receiver or to Block 12 or Block 13 if changed, or on an attachment of the corporation of the corporat

SIGNATURE:

Donald E. Finn 4/27/99

941-947-5445