FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1

KNIGHT SECURITY OF OKALOOSA COUNTY, INC.

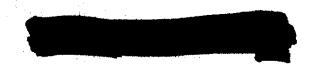
Mailing Address

1763 HODDED ST ADT #3

APPROVED

1997 APR 29 PH 12: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MICEVILLE FL 32578		NICEVILLE FL 32578-3382				
						3. Date Incorporated or Qualified 3a. Date of Last Report N A
2. Principal Pla	2a. Mailing Address	Mailing Address			4. FEI Number 340959 Applied For	
21		26				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
22		City & State				
City & State		—				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28	7 60	untry		
	25	29	30	unuy		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcap\) No
24	9. Name and Address of Curre		30	т—		10. Name and Address of New Registered Agent
•••	J			81	Name	
1120001				Ш		
HERRON			82 Street Address (P.O. Box Number is Not Acceptable)			
	PPER ST, APT #3		83			
NICEVILI	LE FL 32578			177		·
				84	City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the a	above	a-named corp	poration submits this statement for the purpose of changing its registered
office or re agent. I ar	egistered agent, or both, in the Stat in familiar with, and accept the obli	te of Florida. Such change was gations of, Section 617.0503, Fl	authorize lorida Sta	ed by atutes	/ the corporati s.	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered s	gent and title if applicable (NO	TE: Register	ed Age	ent signature require	ed when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1	TITLE		☐ Change ☐ Addition
NAME	HERRON, DENNIS L		1.21	NAME		
STREET ADDRESS	1763 HOPPER ST, APT #3		1.3	STREET	ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578		1.41	CITY - S	51 - ZIP	3000021624439 -05/01/91-01193-021
TITLE	1000110011011	☐ DELETE		TITLE		-05/01/37 ULI Uninge UE Addition
NAME			2.2	NAME	'	****165.00 *****165.00
STREET ADDRESS			23	STREET	ADDRESS	
CITY-\$T-ZIP					ST-ZIP	
TITLE		DELETE		TITLE	J. 2.1	☐ Change ☐ Addition
NAME				NAME		· ·
STREET ADDRESS					ADDRESS	
					ST-ZIP	
CiTY-ST-ZIP TITLE	- Linding Control Control	☐ DELETE		TITLE	31 - ZII	Change Addition
NAME			•	NAME		Brook with right than a first training
					T ADDRESS	
STREET ADDRESS					- 1	
CITY-ST-ZIP		☐ DELETE		CITY-S TITLE	31 - ZIP	☐ Change ☐ Addition
TITLE 🎤		- otreie	1			C. Colongo C. Aponton
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		T DELETE			ST-ZIP	TI Change Company
TITLE		☐ DELETE		TITLE	1	Li Charige Li Addition
NAME				NAME		10 an
STREET ADDRESS			6.3	STREET	T ADDRESS	W. T.
CITY-ST-ZIP			6.4	CITY-S	ST-ZIP	V
14. I do hereb	by certify that the information suppl	ied with this filing does not qual	lify for th	e exe	emption stated	d 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 bustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an attachment with an address.

SIGNATURE: