

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000035851 (9)

1. Corporation Name
DEHART SECURITY SERVICES, INC.



Principal Place of Business 1819 MAIN ST., STE. 610 SARASOTA FL 34236	Mailing Address 1819 MAIN ST., STE. 610 SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2187 SIESTA DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 5248 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/22/1997	
22 City & State SARASOTA, FL		27 City & State SARASOTA, FL		4. FEI Number 59-3455406	
23 Zip 34239		28 Zip 34277		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country USA		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 <input type="checkbox"/>		30 <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NORTON, SAM D
1819 MAIN ST., STE. 610
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name	CORY SCHOTT
82 Street Address (P.O. Box Number is Not Acceptable)	2187 SIESTA DRIVE
83	
84 City	SARASOTA
85 Zip Code	FL 34239

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	RICHARD A. BLAKE
STREET ADDRESS		1.3 STREET ADDRESS	2187 SIESTA DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VICE PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	MICHAEL D. O'CARROLL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	2187 SIESTA DRIVE
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JOYCE A. BLAKE
STREET ADDRESS		3.3 STREET ADDRESS	2187 SIESTA DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VICE PRESIDENT
STREET ADDRESS		4.3 STREET ADDRESS	CORY K. SCHOTT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2187 SIESTA DRIVE
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SECRETARY/TREASURER
STREET ADDRESS		5.3 STREET ADDRESS	DAPHNE S. O'CARROLL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	2187 SIESTA DRIVE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: **DAPHNE S. O'CARROLL** DATE: **11/27/98** TEL: **345-1001**

CR2E034 (10/97)