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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000056160 (9)

LAMB & HUSHEN SECURITY CONSULTANTS INC.

FILED Feb 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								- I HODDIDAL HID IDHIN JODIN DONIN ZOHIN OBHIN BƏHAN BININ BAHAN HIDIR ƏKININ ƏDIN HODI
P O BOX 172246				P O BOX 172246				
TAMPA FL 33				MPA FL 33672				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								06/25/1997
2. Principal Pl	ace of Busin	ess	2a. l	Mailing Address				4. FEI Number Applied For
21			26					59. 3445052 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22			27	27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip	Country			Zip Cour			!	8. This corporation owes or has paid the current year Intangible
24 25 28 29 9. Name and Address of Current Registered Agent					30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
			nt Hegiste	нва Аделі		81	Name	10, Maine and Address of New Degretered Agent
LAMB, BILLY A						or reging		
	15 HYLANI					82	Street Addre	ress (P.O. Box Number is Not Acceptable)
DAL	DE CITY FL	33523				83		
						[]		
						84	City	FL 85 Zip Code
44 Pursuant t	lo the provisi	ons of Sections 607.05	02 and 60	7.1508. Florida Statu	es, the a	bove	le-named corp.	poration submits this statement for the purpose of changing its registered
office or re	eaistered aa	ent, or both, in the Stat h, and accept the obli	te of Florida	i. Such change was	authorize	o by	/ the corporate	ion's board of directors. I hereby accept the appointment as registered
_	m tamiliar wit	n, and accept the obii	gations or,	5ection 607.0505, Fi	Uliua Sia	ioles	.	
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title if	applicable (NOI	E: Registere	d Age	ent signature require	red when reinstating) DATE
12.		OFFICERS AI			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELET E	1.1 Ti	TLE		Change Addition
NAME LAMB, BILLY A				1.2 NAI		AME	-	
STREET ADDRESS 17815 HYLAND LN				1.3 ST			ADDRESS	
CITY-ST-ZIP	DADE C	TY FL 33523			_•_		T-ZIP	
TITLE	D			DELETE	2.1 TI	TLE	ļ	Change Addition
NAME		i, arthur			2.2 N	AME		
STREET ADDRESS	-	FAIR OAKS AVE			2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	TAMPA	FL 33611					ST-ZIP	
TITLE				☐ DELETE	3.1 TI			Change Addition
NAME					3.2 N		1	
STREET ADDRESS							ADDRESS	
CfTY-ST-ZiP				DELETE	****		ST-ZIP	Change Addition
TITLE				☐ OFFEIE	4.1 TI 4. 2 N			Change C Accinon
NAME							4000000	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				☐ DELETE	5.1 Ti		IT-ZIP	Change Addition
TITLE					5.2 N			the course of the course
NAME expect annueces							ADDRESS	
STREET ADDRESS							T-ZIP	
CITY-ST-ZIP TITLE				☐ DELETE	5.4 U		11 - ZIF	Change Addition
NAME				<u> </u>	6.2 N			
							ADDRESS	
STREET ADDRESS							T-ZIP	
CITY+ST-ZIP					0.4 L	3	0 - ZIF	Continue 440 07/20/3 Floride Chatutes I forther partity that the information

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 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 any attachment with an address.

2-11.98 613.639.570