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

**PROFIT** CORPORATION ANNUAL REPORT 1999



9. Name and Address of Current Registered Agent

KIRSCHNER MAIN GRAHAM TANNER & DEMONT PA

ONE INDEPENDENT DRIVE SUITE 2000

JACKSONVILLE FL 32202

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000082069

1. Corporation Name

FLORIDA MONITORING SERVICES, INC.

Principal Place of Business	Mailing Ad	draes	DO NOT WRITE IN THIS SPACE			
9600 SUNBEAM CENTER DRIVE JACKSONVILLE FL 32257	9600 SUNB	EAM CENTER DRIVE ILLE FL 32257				
			3. Date Incorporated or Qualifed 09/22/1997			
2. Principal Place of Business	2a. Maiting	Address	4. FEI Number	Applied For		
[21]	26		59-3406672	Not Applicable		
Suite, Apt. #, etc.	Suite, /	Apt. #, etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City &	State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
	Country Zip	Country 30	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No		

	Trust Fund Contribution		Added to Fees Intangible		
ntry	This corporation owes the current year     Personal Property Tax.	r Inta			
	10. Name and Address of New Registe	red /	gent		
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)	_			
83		_			
84	City		85	Zip Code	

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addit	ion
NAME	JACKSON, LESTER M	1.2 NAME		
STREET ADDRESS	9600 SUNBEAM CENTER DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CiTY-ST-ZiP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addit	ion
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY- ST- ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addit	iοΠ
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addit	ion
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addit	ion
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addit	ion
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 eceiver or fustee 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.

SIGNATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR