

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

10/2

0007914

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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98 OCT 20 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P97000100137 (3)**  
 1. Corporation Name  
**SECURCORP, INC.**

Principal Place of Business 8316 CHICKASAW TRAIL TALLAHASSEE FL 32312	Mailing Address 8316 CHICKASAW TRAIL TALLAHASSEE FL 32312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9143 Shoal Creek Dr</b>	2a. Mailing Address 26 <b>SAME</b>
Suite, Apt. #, etc. 22 <b>N/A</b>	Suite, Apt. #, etc. 27 <b>N/A</b>
City & State 23 <b>TALLAHASSEE, FL</b>	City & State 28 <b>---</b>
Zip 24 <b>32312</b>	Country 25 <b>USA</b>
	Country 30 <b>---</b>

3. Date Incorporated or Qualified <b>11/21/1997</b>
4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**WOOD, HOWARD**  
**13744 S.W. 104TH COURT**  
**MIAMI FL 33176**

10. Name and Address of New Registered Agent  
 81 Name **HOWARD B. WOOD**  
 82 Street Address (P.O. Box Number Is Not Acceptable)  
**9143 SHOAL CREEK DRIVE**  
 83 **---**  
 84 City **TALLAHASSEE** FL 85 Zip Code **32312**

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 607.0502, Florida Statutes.

SIGNATURE: *Howard B. Wood* DATE: **10/20/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WOOD, HOWARD</b>	
STREET ADDRESS	<b>13744 S.W. 104TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ADELA M. WOOD</b>	
1.3 STREET ADDRESS	<b>9143 SHOAL CREEK DRIVE</b>	
1.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL. 32312</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>800002669438--2</b>	
2.4 CITY-ST-ZIP	<b>-10/21/98--01073--018</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>****158.75 ****158.75</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(f), 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: *Howard B. Wood*

CR2E034 (5/98)

Howard B. Wood  
10/19/88 2052

To whom it may concern,

Reference is made to my phone conversation this date where I was advised by your agency to write letter reflecting I just received this notice in the mail for the first time last week and that I would only have to pay \$50 for the filing fee.

Howard B. Wood  
Securcorp, Inc  
9143 S. Wood Creek Dr.  
Tallahassee, FL.  
32312