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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100825 (3)

SECURED INVENTORY SERVICES, INC. Principal Place of Business Mailing Address 6851 DERWENT CIRCLE 6851 DERWENT CIRCLE PENSACOLA FL 32506 PENSACOLA FL 32506 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-ス 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RASMUSSEN, JACK 6851 DERWENT CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32506 83 84 City 65 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 11 TITLE Change Addition TITLE RASMUSSEN, JANE L NAME 1.2 NAME **6851 DERWENT CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32506 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition RASMUSSEN, JACK NAME 2.2 NAME **6851 DERWENT CIRCLE** STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 32506 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ___ Addition RASMUSSEN. MARIE 3.2 NAME NAME **6851 DERWENT CIRCLE** STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL 32506 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition RASMUSSEN, WALTER NAME 4.2 NAME **6851 DERWENT CIRCLE** STREET ADDRESS 4.3 STREET ADDRESS PENSACOLA FL 32506 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE **6.1 TITLE** Change NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 it changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1 2/1/10

850-4172-8267

FILED

Feb 20 1998 8:00am

Secretary of State