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PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 13 1998 8:00am

Secretary of State

-03/13/98--01057--007

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Secretary of State DIVISION OF CORPORATIONS

P97000101642 (1) DOCUMENT #

SMITH SECURITY CONSULTANTS, INC.

Mailing Address Principal Place of Business' POST OFICE BOX 56123 POST OFICE BOX 56123 JACKSONVILLE FL 32241-6123 JACKSONVILLE FL 32241-6123 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Zip Country Country Personal Property Tax due June 30. Yes Yes **I**Z No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SMITH, RUSSELL G 10097 DELANO DRIVE, EAST 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 63 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 Change Addition TITLE 1.1 TITLE RUBSEN G. SMITH NAME 1.2 NAME 10097 DELAND DR. E. STREET ADDRESS 1.3 STREET ADDRESS JALKSONVILLE, FL 30057 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY~ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition 4. 2 NAM€ NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE 5.1 TITLE ___ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 500002456585 DELETE Addition TITLE 6.1 TITLE 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 quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this agriculture is supplied annual report to the corporation of the corporation or the process of the corporation of the corporation or the process of the corporation or the process of the corporation of the corporation or the process of the corporation of the corporation or the process of the corporation of the corporation