

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 26, 1999 8:00 am**  
**Secretary of State**

08-26-1999 90004 035 \*\*\*150.00

DOCUMENT # **P98000027645**

1. Corporation Name

**SECURITY ACADEMY SERVICES CORPORATION**



Principal Place of Business

**13584 49TH STREET NORTH**  
**SUITE 2**  
**CLEARWATER FL 33762**

Mailing Address

**13584 49TH STREET NORTH**  
**SUITE 2**  
**CLEARWATER FL 33762**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/18/1998**

2. Principal Place of Business

**21 13584 49th Street North**

Suite, Apt. #, etc.

**22 Suite 2**

City & State

**23 Clearwater, Florida**

Zip

**24 33762**

Country

**25**

2a. Mailing Address

**26 13584 49th Street North**

Suite, Apt. #, etc.

**27 Suite 2**

City & State

**28 Clearwater, Florida**

Zip

**29 33762**

Country

**30**

4. FEI Number

**59-3498575**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**MIZIO, ARMANDO F**  
**25400 U.S. 19 NORTH**  
**SUITE 210**  
**CLEARWATER FL 33763**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **ARMATO, ANTHONY M**  
STREET ADDRESS **1905 SHEFFIELD COURT**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **VPSD** ☐ DELETE  
NAME **MEEK, RANDY S**  
STREET ADDRESS **14515 MARKLAND GREENS PLACE**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/99 (727) 540-0121

Date Daytime Phone #

CR2E034 (5/99)

**SECURITY ACADEMY SERVICES CORPORATION**

**13584 49<sup>TH</sup> Street North – Suite 2**

**Clearwater, Florida 33762**

**Phone (727) 540-0121**

P980000027645  
609673-90004-35

August 19, 1999

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn: Secretary of State

Enclosed is our second notice copy of the 1999 Profit Corporation Annual Report with our Check Number 1279 in the amount of \$ 150.00.

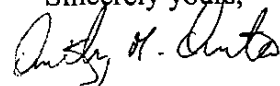
Please note, that we never received the original report, we moved to Suite 2 at the same address, but since we are located in an industrial area and the U.S. Postal Service mail carriers change on a day to day basis, your correspondence never arrived. We wrote the Florida Department of State and notified them of the new suite number in connection with our State License, but you are probably not notified of the change.

Also, we are a new corporation and did not know about the annual renewal fee and when it was due.

Based on the above, there is reasonable cause that the late filing penalty should be abated.

Thank you in advance for your kind consideration in this matter.

Sincerely yours,



Anthony M. Armato