

COND 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
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90001 023 ***550.00

DOCUMENT # **P98000033832**

Corporation Name

SECURE ALARM SERVICE, INC.



Principal Place of Business

**25 SANTABELLE PLACE
GULF BREEZE FL 32561**

Mailing Address

**2705 SANTABELLE PLACE
GULF BREEZE FL 32561**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1998

Principal Place of Business

2101 NORTH 9th AVE.

2a. Mailing Address

2101 NORTH 9th AVE.

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32503

Country

25

Zip

32503

Country

30

4. FEI Number

59-3505056

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

**AUKEMA, JOHN
2705 SANTABELLE PLACE
GULF BREEZE FL 32561**

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

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D ☐ DELETE
AUKEMA, JOHN
STREET ADDRESS **2705 SANTABELLE PLACE**
ST-CITY **GULF BREEZE FL 32561**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-CITY

☐ Change ☐ Addition

D ☐ DELETE
COTE, KEVIN
STREET ADDRESS **5872 MOORS OAK DRIVE**
ST-CITY **MILTON FL 32583**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-CITY

☒ Change ☐ Addition

**1400 SONATA COURT
NAVARRE, FL 32561**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-CITY

☐ Change ☐ Addition

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-CITY

☐ Change ☐ Addition

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-CITY

☐ Change ☐ Addition

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-CITY

☐ Change ☐ Addition

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:

JOHN AUKEMA

9-7-99

850-429-9339

CR2E034 (5/99)