

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90028 008 \*\*\*150.00

0495763

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000072286**

1. Corporation Name  
**GLOBAL GUARDIAN OF PINELLAS, INC.**



Principal Place of Business  
**1603 SPOTTSWOOD CIRCLE  
 PALM HARBOR FL 34683**

Mailing Address  
**1603 SPOTTSWOOD CIRCLE  
 PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/17/1998**

4. FEI Number  
**59-3533586** 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 Tax.  Yes  No

2. Principal Place of Business  
 21 **1603 Spottswood Cir**  
 Suite, Apt. #, etc. 22

2a. Mailing Address  
 26 **1603 Spottswood Cir**  
 Suite, Apt. #, etc. 27

City & State  
 23 **Palm Harbor FL**  
 Zip 24 **34683** Country 25 **Pinellas**

City & State  
 28 **Palm Harbor FL**  
 Zip 29 **34683** Country 30 **Pinellas**

9. Name and Address of Current Registered Agent  
**LAMBERT, GERALD J  
 1603 SPOTTSWOOD CIRCLE  
 PALM HARBOR FL 34683**

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 **Gerald J. Lambert Jr (President)** *[Signature]* **4-28-99**  
 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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FOLDS, STEPHEN G</b>
STREET ADDRESS	<b>1452 OVERLEA STREET</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ADAMS, CARL JR</b>
STREET ADDRESS	<b>1229 15TH STREET</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LAMBERT, GERALD J JR</b>
STREET ADDRESS	<b>1603 SPOTTSWOOD CIRCLE</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DIBUONO, MICHAEL J</b>
STREET ADDRESS	<b>29701 66TH WAY N</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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)(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, with all other like empowered.

SIGNATURE: *[Signature]* **Gerald J. Lambert Jr** **4-28-99 (22) 7864179**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)