

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90168 004 \*\*\*150.00

DOCUMENT # P98000086781

1. Corporation Name  
FLORIDA ACCESS CONTROL TECHNOLOGY SYSTEMS, INC.



Principal Place of Business  
1752 TIFFANY PINES STREET CIRCLE WEST  
JACKSONVILLE FL 32225

Mailing Address  
1752 TIFFANY PINES STREET CIRCLE WEST  
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/08/1998

4. FEI Number  
59-353726-5

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 1843 PLEASANT VIEW CT  
Suite, Apt. #, etc.  
22  
City & State  
23 JACKSONVILLE FL  
Zip  
24 32225 Country  
25 FLA

2a. Mailing Address  
26 1843 PLEASANT VIEW CT  
Suite, Apt. #, etc.  
27  
City & State  
28 JACKSONVILLE FL  
Zip  
29 32225 Country  
30 FLA

9. Name and Address of Current Registered Agent

OWEN, JOHN D SR.  
1752 TIFFANY PINES STREET CIRCLE WEST  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name  
JOHN D. OWEN SR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1843 PLEASANT VIEW CT  
83  
84 City  
JACKSONVILLE FL 85 Zip Code  
32225

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 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
OWEN, JOHN D SR.  
1752 TIFFANY PINES STREET CIRCLE WEST  
JACKSONVILLE FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVP  
COSTELLO, ROSE  
1752 TIFFANY PINES STREET CIRCLE WEST  
JACKSONVILLE FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DST  
OWEN, BRIAN R  
1752 TIFFANY PINES STREET CIRCLE WEST  
JACKSONVILLE FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

OT  
OWEN, BRIAN R  
1843 PLEASANT VIEW CT  
JACKSONVILLE FL 32225

☒ Change ☐ Addition

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

DS  
ROBERT J. NEWKOPF  
1843 PLEASANT VIEW CT  
JACKSONVILLE FL 32225

☐ Change ☒ Addition

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

DC  
SAM McPHERSON  
1843 PLEASANT VIEW CT  
JACKSONVILLE FL 32225

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0566573