## 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

## DOCUMENT # P98000089233

1. Corporation Name

W D & D ALARMS, INC.

Principal	Place	of Busines	s

1490 ALBASTROSS ROAD

SANIBEL FL 33957

Mailing Address

1490 ALBASTROSS ROAD SANIBEL FL 33957

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90050 010 \*\*\*150.00



						DO NOT WRITE IN THIS SPA	KÇE	
						3. Date Ir corporated or Qualifed 10/15/1998		
2. Principa Place of Business 2a. Mailing Address		2a. Mailing Address				4. FEI Number	App	lied For
		26				65-0877891	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75 A	
2		27				3. Certificate of Status Desired	Fee Rec	.uired
City & S:at	le	City & State				6. Election Campaign Financing	\$5.00 N	lay Be
3		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year intangil	ole	
4	25	29	30			Personal Property Tax.	Yes	IJNo
_	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Age	nt	
				81	Name			
	RICH, RICHARD F			92	Change And	desce (D.O. Boy Number is Not Assentable)		
1490	) ALBASTROSS ROAD			82 Street Acc		cdress (P.O. Box Number is Not Acceptable)		
SAN	IBEL FL 33957			83				
				84	City	F1 8	5 Zip C	ode
						rporation submits this statement for the purpose of char		
office or r	registered agent, or both, in the State of irm familiar with, and accept the obligati	f Florida. Such change was a	nuthorize	d by t	he corporat	tion's board of cirectors. I hereby accept the appointme	nt as reg	stered
SIGNATURE						red when reinstahing) DATE		
	Signature, typed or printed naive of registered agent				signature requi	ADDITIONS/CHANGES TO OFFICERS AND D	IDECTOR	S IN 12
12.	OFFICERS AND			13. 1.1 TITLE			Change	Addition
TITLE	PTD					ь	Ollange	
NAME .	ALDRICH, RICHARD F		1.2 N	1.2 NAME				
STREET ADDRESS	1490 ALBASTROSS ROAD		1.3 5	1.3 STREET ADDRESS				
CITY-ST-ZIP	SANIBEL FL 33957		1.4 (	1.4 CITY-ST-ZIP				
TITLE	VPSD DELETE		2.1 7	2.1 TITLE			Change	☐ Addition
NAME	RICHARDS, DAVID A		221	IAME				
STREET ADDRESS	444 6 5 5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5		2.3 9	2.3 STREET ADDRESS				
CITY-ST-ZIP	FORT AWERS SI 20040		24	2, 4 CITY-ST-ZIP				
TITLE	1 0111 1112110   2 00010	☐ DELETE		TLE			Change	☐ Addition
NAME			321	IAME				
	j		4		ADDRESS			
STREET ADDRESS			1					
CITY-ST-ZIP			_	34 CITY-ST-ZIP			Change	Addition
TITLE	C DELETE		1	4.1 TILE 4.2 NAME				
NAME			. I		ì			
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP				ITY-ST	- ZIP		01	
TITLE		☐ DELETE		5.1 TITLE			Change	☐ Addition
NAME			e e	AME				
STREET ADDRES S			5.3 9	TREET	ADDRESS			
CITY-ST-ZIP			5.4 0	CITY-ST	-ZIP			
TITLE							A	☐ Addition
		☐ DELETE	6.1 7	TLE			Change	
NAME		☐ DELETE	4	ITLE IAME			Change	
		☐ DELETE	6.2 1	IAME	ADDRESS		Change	Addition
NAME STREET ADDRES S CITY-ST-ZIP		☐ DELETE	6.2 M	IAME			Change	Addition

indicated on this annual report or supplied with this limiting does not quarity for the exemption stated in section 119.07(3)(i), Florida Statutes. I further cartify 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 receivar or trustee empowered to execute this report as required by Chapte 607. Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR