

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PH 9:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S08788 (9)

1. Corporation Name

AMERICAN ALARM AND COMMUNICATION, INC.

Principal Place of Business

**741 FELLSMERE RD
S3
SEBASTIAN FL 32958
US**

Mailing Address

**741 FELLSMERE RD
S3
SEBASTIAN FL 32958
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/25/1990

3a. Date of Last Report
05/01/1994

4. FBI Number
65-0231134

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN DAWN
131 MIDVALE TERRACE
SEBASTIAN FL 32958**

81 Name

JUDITH R. GIACOBBI

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

242 HAWKSBILL CT.

83

84 City

VERO BEACH

FL

85 Zip Code
32966

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

JUDITH R. GIACOBBI

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

JUDITH R. GIACOBBI

NOTE: Registered Agent signs in required when registering

4/28/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GIACOBBI, GERALD
STREET ADDRESS	131 MIDVALE TERRACE
CITY ST ZIP	SEBASTIAN FL
TITLE	VS
NAME	GIACOBBI, JUDITH
STREET ADDRESS	242 HAWKSBILL CT
CITY ST ZIP	VERO BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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 on this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

JUDITH R. GIACOBBI

Judith Giacobbi, Sec. 4/28/95 (407)589-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature Required)