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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S10265** (4)

1. Corporation Name

HAMILTON SECURITY SERVICES, INC.



Principal Place of Business

**3232 SOUTH TAMiami TRAIL
SARASOTA FL 34239**

Mailing Address

**3232 SOUTH TAMiami TRAIL
SARASOTA FL 34239**

3. Date Incorporated or Qualified
10/31/1990

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STRAND, BRIAN D, CPA PA
2014 FOURTH ST
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name

BRIAN D. STRAND, CPA

82

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

1671 MOUND STREET

83

84

City

SARASOTA

FL

85

Zip Code

34236

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

Brian D. Strand

BRIAN D. STRAND

2/6/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HAMILTON, R. J.	
STREET ADDRESS	3740 PRAIRIE DUNES DR.	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	HAMILTON, MABEL E.	
STREET ADDRESS	3740 PRAIRIE DUNES DR.	
CITY-STATE-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. J. Hamilton **R. J. HAMILTON**

2/13/96 (94) 953 2824

DATE

Check the Proper Box

CR2E034 (12/95)