## 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 Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90053 009 \*\*\*150.00

## DOCUMENT # S18420

A LOCK	& SECURITY INC.				
Principal Plac	e of Business	Mailing Address		t inkridin iat hans intit didin frazi outi mari aidis gra	i Arail Aisis esem sest
		5050-5 SUNBEAM RD			
7.01.00177.112		JACKSONVILLE FL 32257		DO NOT WRITE IN THIS SPACE	E
S		US		3. Date Incorporated or Qualifed	<u>-</u>
				11/26/1990	ľ
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
5050-6 Sonbeam Rd.		26 5050-6 S	unbeam Rd.	58-1922225	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7. 5. 7. 7. 1	5. Certificate of Status Desired	.75 Additional
1		27	<del></del>	5. Certificate of Status Desired	ee Required
City & State		City & State	11 -	_ I	5.00 May Be
Jacksonville, FL		28 Jacksonvi	11e, FL	Trust Fund Contribution A	dded to Fees
Zip	S7 Country	Zip 20067 [	Country // C	8. This corporation owes the current year Intangible Personal Property Tax.	
: Jdd=	57 25 US		30 US	Personal Property Tax. XYe  10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent	
BUCKNER, DARIN					
8105 FRESCA ST			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32217			83		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			84 City	FL  85	Zip Code
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
· <b>-</b> .	D 3.1102.107.	☐ DELETE	1.1 TITLE		nange 🔲 Addition
	BUCKNER, DARIN		1.2 NAME		
····· LANDSUSS	ALAS EDECCA CEDEET		1.3 STREET ADDRESS		
ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST-ZIP		
<b>5</b> . E	ST	☐ DELETE	2.1 TITLE		hange 🔲 Addition
_	BUCKNER, CHRISTINA		2.2 NAME		
····· I AINDROSS	8105 FRESCA STREET		2,3 STREET ADDRESS	_	
ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP		
	V	☐ DELETE	3.1 TITLE	□C	hange
	WALTHER, CHARLES		3.2 NAME		'
· · · I ADDRESS			3.3 STREET ADDRESS		
ST-ZIP	JACKSONVILLE FL	□ DELETE	3.4. CITY-ST-ZIP		hange
		☐ DELETE	4.1 TITLE	□v	nange
			4. 2 NAME		
· · · · I Afrikai seş			4.3 STREET ADDRESS		
ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	По	hange
8.8		C berete	5.2 NAME		
	<u> </u>		5.3 STREET ADDRESS		
······································	Ï		5.4 CITY-ST-ZIP		
····ST-ZIP		☐ DELETE	6.1 TITLE		hange Addition
			62 NAME	<del></del>	_
#1300555			63 STREET ADDRESS		
I ADDRESS	(		6.4 CITY - ST - ZIP		

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.

--GNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HRISTINA

1-29-99 (904)262-4323

:R2E034 (11/98)