

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1995 6-22-95 B-7473 CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 1995

DOCUMENT # S28659 (8)

1. Corporation Name
SECURE ONE PROTECTION SERVICES, INC.

Principal Place of Business P.O. BOX 50692 JACKSONVILLE BEACH FL 32240-0692	Mailing Address P.O. BOX 50692 JACKSONVILLE BEACH FL 32240-0692
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1991	3a. Date of Last Report 11/22/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-3258520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

SMITH, JAMES J JR (SAME PERSON)
250 PINE ST.
ATLANTIC BEACH FL 32233

B1 Name JAMES J. SMITH, JR
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 1920 THE WOODS DR.
B4 City JAY.
B5 Zip Code FL 32224

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: JAMES J. SMITH, JR. DATE: 6-19-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	NAME SMITH, ROBERT F	STREET ADDRESS 1401 11TH AVE N.	CITY - ST - ZIP JACKSONVILLE BEACH FL
TITLE STD	NAME SMITH, JAMES J JR	STREET ADDRESS 258 PINE ST.	CITY - ST - ZIP ATLANTIC BEACH FL 32233
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

11 TITLE PRESIDENT, SEC. TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME JAMES J. SMITH, JR.	
13 STREET ADDRESS 1920 THE WOODS DR.	
14 CITY - ST - ZIP JAY, FL 32224	
21 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME ROBERT F. SMITH	
23 STREET ADDRESS 1401 11 TH AVE N.	
24 CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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)(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 hereof, or on an attachment with an address.

SIGNATURE: [Signature] PIES. DATE: 6-19-95 954-246-5600