

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **01/30/1991**
3a. Date of Last Report: **06/22/1995**
4. FEI Number: **59-3258520**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**SMITH, JAMES J JR
1920 THE WOODS DRIVE
JACKSONVILLE FL 32224**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PST	SMITH, JAMES J JR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1920 THE WOODS DRIVE	JACKSONVILLE FL		
VP	SMITH, ROBERT F	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1401 11TH AVENUE N	JACKSONVILLE BEACH FL		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE: *J. Smith* **JAMES J. SMITH, JR.** 1-29-96 904-246-5600

CR2E034 (12/95)