

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

DOCUMENT # S28659

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

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

03-01-1999 90027 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1991

4. FEI Number

59-3258520

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SMITH, JAMES J JR
258 PINE ST
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name SMITH, JAMES J. JR.

82 Street Address (P.O. Box Number is Not Acceptable)
1958 BEACHSIDE CT.

83 ATL. BCH.

84 City FL 85 Zip Code 32233

ADDRESS CHANGE ONLY

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME SMITH, JAMES J JR.
STREET ADDRESS 258 PINE ST
CITY-ST-ZIP ATLANTIC BEACH FL 32233

☐ DELETE

TITLE VP
NAME SMITH, ROBERT F
STREET ADDRESS 1415 TREE SPLIT LN
CITY-ST-ZIP NEPTUNE BEACH FL 32266

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ADDRESS Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS PO BOX 51172
1.4 CITY-ST-ZIP JAX. BCH. FL 32240-1172

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

2-1-99

904-246-5600

CR2E034 (1/98)