

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S32042 (1)
1. Corporation Name
FREEDOM SECURITY, INC.

Principal Place of Business Mailing Address
3644-A S. WEST SHORE BLVD. **3644-A S. WEST SHORE BLVD.**
TAMPA FL 33629 **TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/14/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3052124** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under S. 199.012,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**FOSDICK, MARGARET
4851 GANDY BLVD. 3-38
TAMPA FL 33611**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/94**

12. OFFICERS AND DIRECTORS

TITLE	M
NAME	FOSDICK, MARGARET
STREET ADDRESS	4851 GANDY BLVD. 3-38
CITY - ST - ZIP	TAMPA FL
TITLE	VP
NAME	HANSBROUGH, RAYMOND
STREET ADDRESS	1011 W. EVANS AVE
CITY - ST - ZIP	TAMPA FL
TITLE	PTS
NAME	FOSDICK, LINDA J
STREET ADDRESS	7001 INTERBAY 411 5TH TERRACE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - 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 - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	VP
2.3 STREET ADDRESS	DARRYL BERENSON
2.4 CITY - ST - ZIP	10523 CHADBOURNE DRIVE TAMPA, FL 33624
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 resolver 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.

SIGNATURE: *Linda J. Fosdick*
Signature and typed or printed name of signing officer or director

LINDA J. FOSDICK

DATE **4/29/95** (813) 831-1853