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

4-1-96 B9918C

DOCUMENT # **S50126** **(9)**

1. Corporation Name

B.I.M. SECURITY CORPORATION

Principal Place of Business	Mailing Address
742 16TH ST N ST PETERSBURG FL 33705	742 16TH ST N ST PETERSBURG FL 33705

3. Date Incorporated or Qualified: **05/07/1991**
3a. Date of Last Report: **03/22/1995**

4. FEI Number: **59-3065688** ☐ Applied For ☐ Not Applicable

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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEARY, KEVAN J.
742 16TH ST N
ST PETERSBURG FL 33705

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 Section 607.0501 and 607.1505, Florida Statutes, the undersigned 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LEARY, WILLIAM P		12 NAME	
STREET ADDRESS	742 16TH ST N		13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LEARY, CAROL A		22 NAME	
STREET ADDRESS	742 16TH ST N		23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LEARY, KEVAN J		32 NAME	
STREET ADDRESS	742 16TH ST N		33 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	FECHTMULLER, WILLIAM		42 NAME	
STREET ADDRESS	742 16TH ST N		43 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.1622, Florida Statutes. I further certify that the information indicated on this report or supplemental 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.

SIGNATURE: K.J. LEARY — 3/27/96 — 813-822-4691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)