FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:09

DO NOT WRITE IN THIS SPACE

DOCUMENT # S90364 (8)

1. Corporation Name
BENCHMARK SECURITY SUPPLY, INC.

Principal Place of Business
1619 FLORIDA AVENUE
LYNN HAVEN FL 32444

Mailing Address
1619 FLORIDA AVENUE
LYNN HAVEN FL 32444

3. Date Incorporated or Qualified: 10/28/1991
3a. Date of Last Report: 08/10/1994

4. FEI Number: 59-3093157 — Applied For / Not Applicable

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

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. The corporation ... Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

WALKER, C.L. JR.
1619 FLORIDA AVENUE
LYNN HAVEN FL 32444

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

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: WALKER, C.L. JR.
STREET ADDRESS: 1619 FLORIDA AVENUE
CITY-ST-ZIP: LYNN HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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)(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.

SIGNATURE: C.L. WALKER JR. — 6/15/95 — 904-265-9119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — PHONE NUMBER

0000061 CP