

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

FILED  
Apr 16 1996 8:00 am  
Secretary of State

DOCUMENT # **S97367** (4)

1. Corporation Name

**WARNING SYSTEMS, INC.**

Principal Place of Business

**5858 MIDNIGHT PASS ROAD  
SUITE 60  
SARASOTA FL 34242  
US**

Mailing Address

**5858 MIDNIGHT PASS ROAD  
SUITE 60  
SARASOTA FL 34242  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HARDEMAN, THOMAS P.  
5858 MIDNIGHT PASS ROAD  
SARASOTA FL 34242**

3. Date Incorporated or Qualified

**12/03/1991**

3a. Date of Last Report

**07/03/1995**

4. FET Number

**65-0320700**

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

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 607.1503, 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 firm, if applicable

(NOTE: Registered Agent signature is not required here.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MITZEL, RICHARD M.**  
STREET ADDRESS **1800 2ND STREET**  
CITY-STATE-ZIP **SARASOTA FL**

TITLE **VP** ☐ DELETE  
NAME **MARTIN, RICHARD A**  
STREET ADDRESS **2301 RINGLING ROAD**  
CITY-STATE-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE  
NAME **HARDEMAN, THOMAS P.**  
STREET ADDRESS **5858 MIDNIGHT PASS ROAD**  
CITY-STATE-ZIP **SARASOTA FL**

TITLE **EVP** ☐ DELETE  
NAME **CHUMBLEY, KENNETH**  
STREET ADDRESS **RT 1 BOX 83**  
CITY-STATE-ZIP **LUDLOW IL**

TITLE **P** ☐ DELETE  
NAME **SWANSON, JOHN P.**  
STREET ADDRESS **10 GLENWOOD ROAD**  
CITY-STATE-ZIP **TENAFLY NJ**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **100 N. Tampa, Suite 3620**  
1.4 CITY-STATE-ZIP **Tampa, FL 33602**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP **33577**

3.1 TITLE **S/T/D** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP **34242**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **3249 County 1800 E. Rd.**  
4.4 CITY-STATE-ZIP **Ludlow, IL 60940**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP **07670**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **Bob F. Owen**  
6.4 CITY-STATE-ZIP **811 Ben Lomond Dr. Temple Terrace, FL 33617**

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)(k), 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:

*Thomas P. Hardeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

941-349-3689

Date

Daytime Phone

CR2E034 (12/95)