

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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90043 016 \*\*\*150.00

DOCUMENT # S97367

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1991

4. FEI Number

65-0320700

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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

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 D ☐ DELETE

NAME MITZEL, RICHARD M.  
STREET ADDRESS 100 NORTH TAMPA STREET SUITE 3620  
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE

NAME MARTIN, RICHARD A  
STREET ADDRESS 2301 RINGLING ROAD  
CITY-ST-ZIP SARASOTA FL

TITLE STD ☐ DELETE

NAME HARDEMAN, THOMAS P.  
STREET ADDRESS 5858 MIDNIGHT PASS ROAD  
CITY-ST-ZIP SARASOTA FL

TITLE EVP ☐ DELETE

NAME CHUMBLEY, KENNETH  
STREET ADDRESS 3249 COUNTY 1800 E. ROAD  
CITY-ST-ZIP LUDLOW IL

TITLE P ☐ DELETE

NAME SWANSON, JOHN P.  
STREET ADDRESS 108 WINDING MEADOWS DR  
CITY-ST-ZIP FLT ROCK NC 28731

TITLE D ☐ DELETE

NAME OWEN, BOB F.  
STREET ADDRESS 811 BEN LOMOND DRIVE  
CITY-ST-ZIP TEMPLE TERRACE FL

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

THOMAS P. HARDEMAN

Date

Daytime Phone #

4/19/99 941-349-3689

CR2E034 (11/98)

0478519