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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V03216

(1)

1. Corporation Name
DJP SECURITY SYSTEMS, INC.

Principal Place of Business
4801 NW GAINSVILLE RD.
OCALA FL 34475
US

Mailing Address
4801 N.W. GAINSVILLE RD.
OCALA FL 34475-3173
US



3. Date Incorporated or Qualified 12/24/1991
3a. Date of Last Report 05/01/1996

4. FEI Number 59-2994066
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

6. This corporation has liability for intangible tax under s. 199.032, 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 Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLOVER, GERALD M.
4801 NW GAINSVILLE RD
OCALA FL 34475

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME GLOVER, GERALD M.
STREET ADDRESS 821 NE 35TH ST
CITY-ST-ZIP Ocala FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME GREENE, PHILLIP L.
STREET ADDRESS PO BOX 32 N/A
CITY-ST-ZIP WILLISTON FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DP
2.3 STREET ADDRESS GREENE, PHILLIP L.
2.4 CITY-ST-ZIP 4274 NE 20TH AVE
OCALA FL

TITLE DS ☐ DELETE
NAME RUSS, JOSEPH L
STREET ADDRESS 3360 NE 44TH PL
CITY-ST-ZIP Ocala FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS RUSS, JOSEPH L
3.4 CITY-ST-ZIP 3360 NE 14TH PL
OCALA FL

TITLE DT ☐ DELETE
NAME SHIELDS, KENNETH
STREET ADDRESS 4 HEMLOCK TERR. TRACE
CITY-ST-ZIP Ocala FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DT
4.3 STREET ADDRESS SHIELDS, KENNETH
4.4 CITY-ST-ZIP 2701 NE 10TH ST APT 703
OCALA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME DS
5.3 STREET ADDRESS JONES, SHARON G
5.4 CITY-ST-ZIP 20 NE 50TH AVE
OCALA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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, changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97

Date

352-732-2357

Daytime Phone #

CR2E034 (9/96)