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

DOCUMENT # **V29648** **(5)**

1. Corporation Name

TRI COUNTY PROTECTIVE SYSTEMS, INC.

Principal Place of Business

3443 13TH ST
ST. CLOUD FL 34769
US

Mailing Address

P.O. BOX 702364
ST. CLOUD FL 34770-2364

3. Date Incorporated or Qualified: **04/15/1992**

3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City, & State
23 Zip
24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City, & State
28 Zip
29 Country 30

4. FEI Number: **59-3122195** 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

9. Name and Address of Current Registered Agent

REILLY, PETER M.
102 BLACKBERRY CREEK DRIVE
ST. CLOUD FL 34769-1407

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 607.0505 and 607.0508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DATE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	
PD	REILLY, PETER M.	102 BLACKBERRY CREEK DR.	ST. CLOUD FL	☐ DELETE
VD	REILLY, ANNE M.	102 BLACKBERRY CREEK DR.	ST. CLOUD FL	☐ DELETE
D	REILLY, PATRICK M	521 RIVIERA DRIVE	ALTAMONTE SPRINGS FL	☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, St, Zip	
1	2	3	4	☐ Change ☐ Addition
21	22	23	24	☐ Change ☐ Addition
31	32	33	34	☐ Change ☐ Addition
41	42	43	44	☐ Change ☐ Addition
51	52	53	54	☐ Change ☐ Addition
61	62	63	64	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is validly 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 or otherwise 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 DATE

407-892-9594 DAYTIME PHONE #

CR2E034 (12/95)