

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 04, 1999 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

02-04-1999 90013 016 ****150.00

DOCUMENT # G86035

1. Corporation Name
A - ACCURATE LOCK, INC.



Principal Place of Business Mailing Address
 13773 N. CR 475 13773 N. CR 475
 OXFORD FL 34484 OXFORD FL 34484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1984	
4. FEI Number 59-2381660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POSEY, SHIRLEY A - ACCURATE LOCK, INC. 13773 N. CR 475 OXFORD FL 34484		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PT POSEY, LONNIE	1.2 NAME	
STREET ADDRESS	13773 N. CR. 475	1.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 33484	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS POSEY, SHIRLEY	2.2 NAME	
STREET ADDRESS	13773 N. CR. 475	2.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 33484	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSEY SHIRLEY	3.2 NAME	
STREET ADDRESS	ACCURATE LOCK INC	3.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 34484	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PT POSEY, LONNIE	4.2 NAME	
STREET ADDRESS	13773 N. CR. 475	4.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 34484	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS POSEY, SHIRLEY	5.2 NAME	
STREET ADDRESS	13773 N. CR. 475	5.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 34484	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PT POSEY, LONNIE	6.2 NAME	
STREET ADDRESS	13773 N. CR. 475	6.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 34484	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: *Shirley Posey* SIGNATURE: *Lonnie Posey* 1-17-99 352-748-8520
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)