#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN A. CLINE

Electronic Signature of Signing Officer/Director Detail

### **Current Principal Place of Business:** 5022 20TH AVENUE SOUTH

TAMPA, FL 33619

DOCUMENT# J68675

## **Current Mailing Address:**

5022 20TH AVENUE SOUTH TAMPA FL 33619 US

### FEI Number: 59-2803272

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CLINE, JOHN 5022 20TH AVENUE SOUTH TAMPA, FL 33619 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

**Officer/Director Detail :** DP Title Title DV Name CLINE, JOHN Name ADAMS, JEFF A. 4603 POINSETTIA AVENUE Address 8009 RIVERWOOD ESTATE PLACE Address City-State-Zip: RIVERVIEW FL 33569 City-State-Zip: TEMPLE TERRACE FL 33617

# 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: A-1 ACCESS CONTROL SYSTEMS, INC.

FILED Jan 25, 2013 Secretary of State CC4684633253

Date

Certificate of Status Desired: No

PRESIDENT

01/25/2013

Date