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FILED
Mar 03 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 # 500931

(1)

1. Corporation Name
NYCO SECURITY SERVICES, INC.



Principal Place of Business
215 E. OLIVE RD. STE. 3
P.O. BOX 15046
PENSACOLA FL 32514-7046

Mailing Address
215 E. OLIVE RD. STE. 3
P.O. BOX 15046
PENSACOLA FL 32514-0046

3. Date Incorporated or Qualified **04/09/1976** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-1724509** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NYE, CHARLES H.
215 E. OLIVE ROAD
P.O. BOX 15046
PENSACOLA FL 32514

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 of the principal officer or director of the corporation and filer, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

DELETE

1.1 TITLE

Change

Addition

NAME

NYE, CHARLES H.
4261 REYNOSA DRIVE
PENSACOLA FL

1.2 NAME

STREET ADDRESS

4261 REYNOSA DRIVE
PENSACOLA FL

1.3 STREET ADDRESS

CITY, ST, ZIP

S

1.4 CITY-ST-ZIP

TITLE

S

DELETE

2.1 TITLE

Change

Addition

NAME

NYE, REBECCA T.
4261 REYNOSA DRIVE
PENSACOLA FL

2.2 NAME

STREET ADDRESS

4261 REYNOSA DRIVE
PENSACOLA FL

2.3 STREET ADDRESS

CITY, ST, ZIP

V

2.4 CITY-ST-ZIP

TITLE

V

DELETE

3.1 TITLE

Change

Addition

NAME

PENA, BRENDA N
4261 REYNOSA DR
PENSACOLA FL

3.2 NAME

STREET ADDRESS

4261 REYNOSA DR
PENSACOLA FL

3.3 STREET ADDRESS

CITY, ST, ZIP

V

3.4 CITY-ST-ZIP

TITLE

NYE, CHARLES T
2818 VILLAGER CIR
PENSACOLA FL

4.1 TITLE

Change

Addition

NAME

NYE, CHARLES T
2818 VILLAGER CIR
PENSACOLA FL

4.2 NAME

STREET ADDRESS

2818 VILLAGER CIR
PENSACOLA FL

4.3 STREET ADDRESS

4555 BALMORAL DR.
PENSACOLA FL 32504

4.4 CITY-ST-ZIP

TITLE

DELETE

5.1 TITLE

Change

Addition

NAME

DELETE

5.2 NAME

STREET ADDRESS

DELETE

5.3 STREET ADDRESS

CITY, ST, ZIP

DELETE

5.4 CITY-ST-ZIP

TITLE

DELETE

6.1 TITLE

Change

Addition

NAME

DELETE

6.2 NAME

STREET ADDRESS

DELETE

6.3 STREET ADDRESS

CITY, ST, ZIP

DELETE

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 contained 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 in an attachment with an address.

SIGNATURE: *Charles H. Nye* **CHARLES H. NYE**

2/25/97 9044786160

CR2E034 (9/96)