

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 294063

(3)

1. Corporation Name

CAPITAL SECURITY COMPANY INC

Principal Place of Business

**230 JOHN KNOX RD.
SUITE 2
TALLAHASSEE FL 32303
US**

Mailing Address

**230 JOHN KNOX ROAD
SUITE 2
TALLAHASSEE FL 32303
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/18/1965

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1100349

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PENNINGTON JR., CARL R
3375-A CAPITAL CIR. NE
TALLAHASSEE FL 32308**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

C

NAME

**DRAKE, FRED O., JR.
2044 THOMASVILLE RD.
TALLAHASSEE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

NAME

**DRAKE, THADDEUS V.
2212 WALL STREET
TALLAHASSEE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

NAME

**DRAKE, ROBERT D.
2044 THOMASVILLE RD.
TALLAHASSEE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

NAME

**SIMMONS, ELIZABETH E.
2513 WHISPER WAY
TALLAHASSEE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

**DILLON, MARGARET LEE DRA
1412 HAGUE DR.
LEESBURG VA**

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**D
ROBERTA V. DRAKE
2044 Thomasville Rd.
Tallahassee, FL**

☒

Change

☐

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐

Change

☐

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐

Change

☐

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐

Change

☐

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐

Change

☐

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐

Change

☐

Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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.

SIGNATURE:

Thaddeus V. Drake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thaddeus V. Drake

4-27-95

(904) 386-6611

Date

Telephone Number