FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:19

DOCUMENT # **447650** **(3)**

1. Corporation Name
MAXWELL SECURITY SERVICES, INC.

Principal Place of Business
325 JOHN KNOX RD. BLDG C-115
P. O. BOX 4234
TALLAHASSEE FL 32315

Mailing Address
P. O. BOX 4234
TALLAHASSEE FL 32315
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1974**
3a. Date of Last Report: **02/03/1994**

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

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

4. FEI Number: **59-1533926** 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

MAXWELL, ELIZABETH R
325 JOHN KNOX RD. BLDG C-115
TALLAHASSEE FL 32315

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 607.1508, 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] DATE: 2/6/95

12. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	MAXWELL, ELIZABETH
STREET ADDRESS	325 JOHN KNOX ROAD, C-115
CITY-ST-ZIP	TALLAHASSEE FL 32315
TITLE	D
NAME	MAXWELL, ELIZABETH
STREET ADDRESS	325 JOHN KNOX ROAD, C-115
CITY-ST-ZIP	TALLAHASSEE FL 32315
TITLE	D
NAME	MAXWELL, CYNTHIA E
STREET ADDRESS	325 JOHN KNOX ROAD, C-115
CITY-ST-ZIP	TALLAHASSEE FL 32315
TITLE	D
NAME	MAXWELL, GRADY J
STREET ADDRESS	325 JOHN KNOX RD., SUITE C-115
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 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 above, or on an attachment with an address.

SIGNATURE: [signature] 2/6/95 (904) 222-5423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ELIZABETH R. MAXWELL

002071 CP