

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **447650** (3)

1. Corporation Name

MAXWELL SECURITY SERVICES, INC.



Principal Place of Business

Mailing Address

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

P. O. BOX 4234
TALLAHASSEE FL 32315
US

3. Date Incorporated or Qualified 03/13/1974	3a. Date of Last Report 02/14/1995
4. FEI Number 59-1533926	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

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

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

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 state if applicable

Signature, typed or printed name of registered agent and state if applicable

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, ELIZABETH	1.2 NAME	
STREET ADDRESS	325 JOHN KNOX ROAD, C-115	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32315	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, ELIZABETH	2.2 NAME	
STREET ADDRESS	325 JOHN KNOX ROAD, C-115	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32315	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, CYNTHIA E	3.2 NAME	
STREET ADDRESS	325 JOHN KNOX ROAD, C-115	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32315	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, GRADY J	4.2 NAME	
STREET ADDRESS	325 JOHN KNOX RD., SUITE C-115	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: *Elizabeth R Maxwell* 2/25/96 (904) 222-5423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)