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Feb 14 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 # **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 32315-4234 US

3. Date Incorporated or Qualified: 03/13/1974
3a. Date of Last Report: 03/05/1996

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

2. Principal Place of Business	2a. Mailing Address
21 220 JOHN KNOX Rd 1-B	26
Suite, Apt. #, etc 22 P.O. Box 4234	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE FLA	City & State 28
Zip / Country 24 32315 / 25 LEON	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MAXWELL, ELIZABETH R
~~325 JOHN KNOX RD. BLDG C-115~~ 220 JOHN KNOX Rd
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 607.0502 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	MAXWELL, ELIZABETH		1.2 NAME		
STREET ADDRESS	~~325 JOHN KNOX ROAD, C-115~~		1.3 STREET ADDRESS	220 JOHN KNOX Rd, 1-B	
CITY-ST-ZIP	TALLAHASSEE FL 32315		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32315	
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	MAXWELL, ELIZABETH		2.2 NAME		
STREET ADDRESS	~~325 JOHN KNOX ROAD, C-115~~		2.3 STREET ADDRESS	220 JOHN KNOX Rd, 1-B	
CITY-ST-ZIP	TALLAHASSEE FL 32315		2.4 CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	MAXWELL, CYNTHIA E		3.2 NAME		
STREET ADDRESS	~~325 JOHN KNOX ROAD, C-115~~		3.3 STREET ADDRESS	220 JOHN KNOX Rd 1-B	
CITY-ST-ZIP	TALLAHASSEE FL 32315		3.4 CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE	D	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	MAXWELL, GRADY J		4.2 NAME		
STREET ADDRESS	~~325 JOHN KNOX RD., SUITE C-115~~		4.3 STREET ADDRESS	220 JOHN KNOX Rd 1-B	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE		☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: [signature] ELIZABETH R MAXWELL 2/5/97 904 222 5723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #