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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90052 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 447650

1. Corporation Name

MAXWELL SECURITY SERVICES, INC.

Principal Place of Business

220 JOHN KNOX RD 1-B
P. O. BOX 4234
TALLAHASSEE FL 32315
US

Mailing Address

P. O. BOX 4234
TALLAHASSEE FL 32315
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1974

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 525-B JOHN KNOX RD

Suite, Apt. #, etc.

22 P.O. Box 4234

City & State

23 TALLAHASSEE FL (LEON) 32315

Zip

24 **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

27 **28** Country

Zip

29 **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAXWELL, ELIZABETH R

~~220 JOHN KNOX RD~~ **525-B JOHN KNOX RD**

~~TALLAHASSEE FL 32315~~ **P.O. Box 4234**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE

NAME MAXWELL, ELIZABETH

STREET ADDRESS ~~220 JOHN KNOX RD 1-B~~

CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME MAXWELL, ELIZABETH

STREET ADDRESS ~~220 JOHN KNOX RD STE 1-B~~

CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME MAXWELL, CYNTHIA E

STREET ADDRESS ~~220 JOHN KNOX RD 1-B~~

CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME MAXWELL, GRADY J

STREET ADDRESS ~~220 JOHN KNOX RD STE 1-B~~

CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I 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, with all other like empowered.

SIGNATURE:

Elizabeth R. Maxwell Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99
Date

(850)222-5423
Daytime Phone #

CR2E034 (1/98)