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99 JUL 15 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999 | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT # 447650

1. Corporation Name

Maxwell Security Services Inc.

Principal Place of Business

Mailing Address

525-B John Knox Rd  
Tallahassee FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AL M GUNN  
620 S. 11th St  
Quincy FL 32351

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 President, Sec. Treasurer ☐ DELETE

NAME AL M GUNN

STREET ADDRESS 620 S. 11th St

CITY-ST-ZIP Quincy FL 32351

TITLE Director ☐ DELETE

NAME AL M GUNN

STREET ADDRESS 620 S. 11th St

CITY-ST-ZIP Quincy FL 32351

TITLE Director ☐ DELETE

NAME NANCY J GUNN

STREET ADDRESS 620 S. 11th St

CITY-ST-ZIP Quincy FL 32351

TITLE Director ☐ DELETE

NAME Millie Forehand

STREET ADDRESS 620 S. 11th St

CITY-ST-ZIP Quincy FL 32351

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE Vice-President ☐ Change ☒ Addition

1.2 NAME Elizabeth Maxwell

1.3 STREET ADDRESS PO Box 4234

1.4 CITY-ST-ZIP Tallahassee FL 32315

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

AL M GUNN

7/15/99

850 875 2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)