

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 500931

1. Corporation Name

NYCO SECURITY SERVICES, INC.

Principal Place of Business

215 E. OLIVE RD., STE. 3
P.O. BOX 15046
PENSACOLA FL 32514-7046

Mailing Address

215 E. OLIVE RD., STE. 3
P.O. BOX 15046
PENSACOLA FL 32514-7046

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90106 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1976

4. FEI Number

59-1724509

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

25

30

9. Name and Address of Current Registered Agent

NYE, CHARLES H.
215 E. OLIVE ROAD
P.O. BOX 15046
PENSACOLA FL 32514

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NYE, CHARLES H.
STREET ADDRESS 4261 REYNOSA DRIVE
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE S
NAME NYE, REBECCA T.
STREET ADDRESS 4261 REYNOSA DRIVE
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE V
NAME PENA, BRENDA N
STREET ADDRESS 4261 REYNOSA DR
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE V
NAME NYE, CHARLES T
STREET ADDRESS 4555 BALMORAL DRIVE
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Rebecca T. Nye* *REBECCA T. NYE* 4/6/99 850 4786160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)