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FILED
Jun 25 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 # **F80735** (6)
1. Corporation Name
SPACECOAST SECURITY, INC.



Principal Place of Business Mailing Address
**8850 BROWN CIRCLE (CAPE CANAVERAL, FL)
P.O. BOX 321363 COCOA BCH., FL.
COCOA BEACH FL 32932-6363**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified **05/10/1982** 3a. Date of Last Report **03/22/1996**
4. FEI Number **59-2852902** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
THIEBES, JOHN W., ESQUIRE 81 No
9 STONE STREET DECEASED 82 Street Address (P.O. Box Number is Not Acceptable)
COCOA FL 32922 **234 CHANDLER STREET**
CAPE CANAVERAL, FL 32920
83 City
84 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 *Joyce Hamilton* DATE **6/19/97**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME **PD** 1.2 NAME
STREET ADDRESS **HAMILTON, NELSON** 1.3 STREET ADDRESS
CITY-ST-ZIP **8850 BROWN CIRCLE** 1.4 CITY-ST-ZIP
CAPE CANAVERAL FL 2.1 TITLE ☐ Change ☐ Addition
TITLE ☐ DELETE 2.2 NAME
NAME **ST** 2.3 STREET ADDRESS
STREET ADDRESS **HAMILTON, JOYCE** 2.4 CITY-ST-ZIP
CITY-ST-ZIP **8850 BROWN CIRCLE** 3.1 TITLE ☐ Change ☐ Addition
CAPE CANAVERAL FL 3.2 NAME
TITLE ☐ DELETE 3.3 STREET ADDRESS
NAME 3.4 CITY-ST-ZIP
STREET ADDRESS 4.1 TITLE ☐ Change ☐ Addition
CITY-ST-ZIP 4.2 NAME
TITLE ☐ DELETE 4.3 STREET ADDRESS
NAME 4.4 CITY-ST-ZIP
STREET ADDRESS 5.1 TITLE ☐ Change ☐ Addition
CITY-ST-ZIP 5.2 NAME
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CITY-ST-ZIP 6.2 NAME
TITLE ☐ DELETE 6.3 STREET ADDRESS
NAME 6.4 CITY-ST-ZIP
STREET ADDRESS

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: *Joyce Hamilton* 6/6/97
JOYCE HAMILTON

CR2E034 (9/96)