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**Jan 17 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 # P94000057085 (0)

1. Corporation Name
MARCO SECURITY CO., INC.



Principal Place of Business Mailing Address
1351 GLENCOE ST JACKSONVILLE FL 32211
1351 GLENCOE ST JACKSONVILLE FL 32211-5336

3. Date Incorporated or Qualified **08/01/1994** 3a. Date of Last Report **01/26/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-3256833	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt #, etc	27	Suite, Apt #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
25	Country	30	Country					

9. Name and Address of Current Registered Agent
**NICHOLS, LEWIS M
1351 GLENCOE ST
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NICHOLS, LEWIS M	
STREET ADDRESS	2375 BRENFIELD RD W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JOHNNY E	
STREET ADDRESS	2429 SOUTHDIE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	REYNOLDS, WILLIAM S	
STREET ADDRESS	2239 BOTANY ST	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	NICHOLS, LEWIS, M		
1.3 STREET ADDRESS	5326 CLIFTON RD		
1.4 CITY-ST-ZIP	JACKSONVILLE FL		
2.1 TITLE	VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	REYNOLDS, WILLIAM, S		
2.3 STREET ADDRESS	2390 STOCKTON AVE.		
2.4 CITY-ST-ZIP	GREENCOVE SPRINGS, FL		
3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	CRAIG, BONNELL, W		
3.3 STREET ADDRESS	6936 CAMELOT RD		
3.4 CITY-ST-ZIP	JACKSONVILLE FL		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Lewisa M. Nichols* *Lewis M. Nichols* *1-10-97* *(904) 743-3350*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)