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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. Principal Place of Business Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt #, etc.	27. City & State	28. Zip	29. Country	30.	4. FEI Number 59-3256833	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent								

**NICHOLS, LEWIS M
1351 GLENCOE ST
JACKSONVILLE FL 32211**

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 of officer or director of the corporation and filer (applicable)

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICHOLS, LEWIS M		1.2 NAME NICHOLS, LEWIS, M	
STREET ADDRESS 2375 BRENFIELD RD W		1.3 STREET ADDRESS 5326 CLIFTON RD	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP JACKSONVILLE FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JOHNNY E		2.2 NAME REYNOLDS, WILLIAM, S	
STREET ADDRESS 2429 SOUTHDIE BLVD		2.3 STREET ADDRESS 2390 STOCKTON AVE.	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP GREENCOVE SPRINGS, FL	
TITLE SVP	<input type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME REYNOLDS, WILLIAM S		3.2 NAME CRAIG, BONNELL, W	
STREET ADDRESS 2239 BOTANY ST		3.3 STREET ADDRESS 6936 CAMELOT RD	
CITY-ST-ZIP MIDDLEBURG FL		3.4 CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Lewis 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)