PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS 05-24-1999 90017 030 ***150.00

FILED

May 24, 1999 8:00 am Secretary of State

DOCUMENT # P98000079416 MARANATHA SECURITY, INC. Mailing Address invipal Place of Business GERONA AVENUE 1011 GERONA AVENUE DELTONA FL 32725 10NA FL 32725 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/08/1998 Applied For FEI Number 593538204 Principal Place of Business 2a. Mailing Address Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country Zip Country Zio 8. This corporation owes the current year Intangible □ No Personal Property Tax. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HENDRICKSON, HELEN M 82 Street Address (P.O. Box Number is Not Acceptable) 1011 GERONA AVENUE **DELTONA FL 32725** 83 84 City Zip Code ii. 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, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change ☐ OFLETE 1.1 TITLE OSBORNE, CHARLES JR. 1 2 NAME 1011 GERONA AVENUE 1.3 STREET ADDRESS DELTONA FL 1.4 CITY-ST-ZIP ☐ Change Addition DELETE 21 TITLE VPN DOYLE, GEORGE E 1201 NORTH AMELIA AVENUE 2.3 STREET ADORESS _ FALLHESS DELAND FL 2 4 CITY-ST-ZIP ST-ZIP Addibon Change 31 TITLE HENDRICKSON, HELEN M 32 NAME 1011 GERONA AVENUE 33 STREET ADDRESS THE PROPERTY **DELTONA FL** 3.4. CITY-ST-ZIP 57-ZIP [] Addition DELETE . [] Change 4 1 TILE 4 2 NAME 4.3 STREET ADDRESS -- : 22222 22 4.4 City-St-ZIP ST-ZIP Change ☐ Addition DELETE 5.1 TILE 5.2 NAME ···· : AIXXX (3 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE 6.2 NAME 8.3 STREET ADDRESS ····· [Alxxqua 6.4 CITY-ST-ZIP I hereby centify 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.

CHATURE: **July 1. July 1