

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 11:28

DOCUMENT # P40511 (8)

1. Corporation Name
AM-PRO PROTECTIVE AGENCY, INC.

Principal Place of Business Mailing Address
7499 PARKLANE ROAD P.O. BOX 23829
136 COLUMBIA SC 29224-3829
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		09/16/1992	03/07/1994
22		27		4. FEI Number	Applied For
23		28		57-0730426	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
S. ALLEN MONELLO 327 OFFICE PLAZA DRIVE SUITE 209 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
(Signature: Typed or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Asst. Sec./D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, JOHN C.	12 NAME	Douglas A. West
STREET ADDRESS	7499 PARKLANE ROAD	13 STREET ADDRESS	7499 Parklane Road, Suite 136
CITY ST ZIP	COLUMBIA SC	14 CITY ST ZIP	Columbia, South Carolina 29224-3829
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, LOIS	22 NAME	
STREET ADDRESS	7499 PARKLANE ROAD, #136	23 STREET ADDRESS	
CITY ST ZIP	COLUMBIA SC	24 CITY ST ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAVES, ROBERT	32 NAME	
STREET ADDRESS	7499 PARKLAND ROAD	33 STREET ADDRESS	
CITY ST ZIP	COLUMBIA SC	34 CITY ST ZIP	
TITLE	P	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOHN E.	42 NAME	
STREET ADDRESS	7499 PARKLAND ROAD, #136	43 STREET ADDRESS	
CITY ST ZIP	COLUMBIA SC	44 CITY ST ZIP	
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KENNTHE C.	52 NAME	
STREET ADDRESS	7499 PARKLAND ROAD, #136	53 STREET ADDRESS	
CITY ST ZIP	COLUMBIA SC	54 CITY ST ZIP	
TITLE	ST	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JESSIE R.	62 NAME	
STREET ADDRESS	7499 PARKLAND ROAD, #136	63 STREET ADDRESS	
CITY ST ZIP	COLUMBIA SC	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information reported 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attached sheet with an address.

SIGNATURE: *Douglas A. West* Douglas A. West 6/7/95 (803) 741-0287
(Typed Name) (Typed Name)

CR2E034 (3/95)