

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40511 (8)

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



Principal Place of Business
**7499 PARKLANE ROAD
136
COLUMBIA SC 29223
US**

Mailing Address
**P.O. BOX 23829
COLUMBIA SC 29224-3829
US**

3. Date Incorporated or Qualified **09/16/1992** 3a. Date of Last Report **06/16/1995**

4. FEI Number **57-0730426** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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. City & State

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

**S. ALLEN MONELLO
327 OFFICE PLAZA DRIVE
SUITE 209
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **S. Allen Monello**

82 Street Address (P.O. Box Number is Not Acceptable) **1331 East Lafayette Street**

83 **Suite E**

84 City **Tallahassee** FL 85 Zip Code **32301**

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEST, JOHN C.	
STREET ADDRESS	7499 PARKLANE ROAD	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEST, LOIS	
STREET ADDRESS	7499 PARKLANE ROAD, #136	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EAVES, ROBERT	
STREET ADDRESS	7499 PARKLAND ROAD	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, JOHN E.	
STREET ADDRESS	7499 PARKLAND ROAD, #136	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROWN, KENTHE C.	
STREET ADDRESS	7499 PARKLAND ROAD, #136	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BROWN, JESSIE R.	
STREET ADDRESS	7499 PARKLAND ROAD, #136	
CITY - ST - ZIP	COLUMBIA SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Asst. Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Douglas A. West
13 STREET ADDRESS	7499 Parklane Road, Ste.136
14 CITY - ST - ZIP	Columbia, SC 29223
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Douglas A West
5/13/96

Date

803-741-0287

Telephone

CR2E034 (12/95)