FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P97000091141
PROTECH MANUFAC	TURING & PACKAGING, IN

Principal Place of Business

3600 FREMANTLE DRIVE PALM HARBOR FL 34684

Mailing Address

3600 FREMANTLE DRIVE PALM HARBOR FL 34684

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99 FEB - 9 11110: 23

SECRETARY OF STATE TALLAMAEREE, SLORIEM



		Į.	DO NOT WRITE IN THIS SPACE			
		_	3. Date Incorporated or Qualifed 10/22/1997			
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
2025 Weaver Park DR	26 2025 Weaver Pa	irk DR	<u>59-3478606</u>	Not Applicable		
Sulte, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired [1]	\$8.75 Additional Fee Required		
Clearwater, FL	City & State Clear water, F	L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
33765 25 US	Zip Cou 29 33765 [30]	ntry US	This corporation owes the current year Personal Property Tax	Intangible Xxes []No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
MORETTI, JOSEPH J 3600 FREMANTLE DRIVE PALM HARBOR FL 34684		 81 Name 82 Street Address 83 84 City 	s (P.O. Box Number is Not Acceptable)	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 (upd) or project name of registered agent and little if ag	react	Registered Agent signature regum	_ · · · · ·	- 99	
12.	Signature and or printed name of registered agent and little rap OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	[] Change	☐ Addition
NAME	MORETTI, JOSEPH		12 NAME			
STREET ADDRESS	3600 FREMANTLE DRIVE		13 STREET ADORESS			
CITY-ST-ZIP	PALM HARBOR FL 34684	/	14 CHY-ST-ZIP			
TITLE	٧	DELETE	21 TITLE		[] Change	[] Addition
NAME	HERRON, DONNA S		2.2 NAME			
STREET ADDRESS	3600 FREMANTLE DRIVE		23 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34684		2 4 CITY-ST-ZIP			
TITLE		[] DELETE	3 1 TITLE		[Change	[]] Addition
NAME			32 NAME	200002771	912	<u> </u>
STREET ADDRESS			3.3 STREET ADDRESS	200002771 -02/10/990	01075	016
City-St-ZiP			3.4. CiTY-ST-ZiP	****150.00	****	50.00
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE	W	Change	☐ Addition
NAME			5.2 NAME	. 11/2	∂U	
STREET ADDRESS			5 3 STREET ADDRESS	₩	V) I	
CITY-ST-ZIP			54 CITY-ST-ZIP	·····································		
TITLE		☐ DELETE	61 TITLE	C	[] Change	["] Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			

64 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 13 if changed, g-on an attachment with an address, with all other like empowered.

SIGNATURE