FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **837959** **(6)**

1. Corporation Name

PROTECTION SERVICES INC.

Principal Place of Business	Mailing Address
635 LUCKNOW ROAD HARRISBURG PA 17110	635 LUCKNOW ROAD HARRISBURG PA 17110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/04/1977	05/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 23-2001976 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	☐ Change ☐ Addition
NAME	MINORI, THOMAS M.	1.2 NAME	
STREET ADDRESS	635 LUCKWOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLTZINGER, LEWIS T	2.2 NAME	
STREET ADDRESS	635 LUCKROW RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	DUNMIRE, C C JR	3.2 NAME	
STREET ADDRESS	635 LUCKNOW RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	STABLER, DONALD B	4.2 NAME	
STREET ADDRESS	635 LUCKNOW RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	FRANZ, RICHARD N	5.2 NAME	
STREET ADDRESS	635 LUCKNOW RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	DANKO, DOUGLAS B	6.2 NAME	
STREET ADDRESS	635 LUCKNOW RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	6.4 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)(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 asterisk.

SIGNATURE: _____ THOMAS M MINORI 4/24/95 (717) 236-9367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VICE PRES.

0488100 FN