

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 857014

(5)

1. Corporation Name

PROTECTIVE SEALING, INC.



Principal Place of Business

10203 PLANO RD STE 102
DALLAS TX 75238

Mailing Address

10203 PLANO RD STE 102
DALLAS TX 75238

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.
22 City & State
23 Zip
24 Country

26 State Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified 07/06/1983
3a. Date of Last Report 05/01/1995
4. FEI Number 64-0545168
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
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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of the person authorized to file this report (check one)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME PD CRAWFORD, LOUIS C.
2. STREET ADDRESS 10203 PLANO RD., #102
3. CITY, ST., ZIP DALLAS TX
4. TITLE
5. NAME STD CRAWFORD, ELIZABETH I.
6. STREET ADDRESS 10203 PLANO RD., #102
7. CITY, ST., ZIP DALLAS TX
8. TITLE
9. NAME D MOORE, JOE A
10. STREET ADDRESS 3108 CANTY ST
11. CITY, ST., ZIP PASCAGOULA MS
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, ST., ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, ST., ZIP
20. TITLE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST., ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST., ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST., ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST., ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. 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, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS C. CRAWFORD, President

02/08/96 553 0044
Date Signature

CR2E034 (12/95)