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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 857014 (5)

PROTECTIVE SEALING, INC.

Principal Place of Business

Mailing Address

## **FILED** May 13 1998 8:00am Secretary of State



10203 PLANO RD STE 102 DALLAS TX 75238		10203 PLANO RD STE 102 DALLAS TX 75238		DO NOT WRITE IN THE	S SPACE		
					3. Date Incorporated or Qualified 07/06/1983		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26					Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee	Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	T		Trust Fund Contribution		d to Fees
Ζίρ	Country	Zip	Cou	ntry	8. This corporation owes or has paid the o	urrent year t X Yes	Intangible     No
24	9. Name and Address of Current	29 Agent	30		Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent		
CT.	CORPORATION SYSTEM	nogletorou Agent		81 Name	ID. Italia alla riano di italia italia		
* · * * · · · · · · · · · · · · · · · ·							
1200 <b>\$.</b> PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)			
PU	WIATION FL 33324			83			
				84 City	F	85 Zi	p Code
44 Durewant t	to the provisions of Sections 607.0503	and 607 1508 Florida Statut	oe tho at	nove-pamed co	progration submits this statement for the purpose	of changing	its registered
office or re	egi <b>ste</b> red agent, or both, in the State	of Florida. Such change was	authorize	d by the corpor	ration's board of directors. I hereby accept the a	ppointment a	as registered
<b>ag</b> ent. I ai	m familiar with, and accept the obliga	tions of, Section 607,0505, Fl	orida Stat	utes.			
SIGNATURE	Signature, typed or printed name of registered ages	at and the if applicable (NO)	l Registerer	Ancol sanalure rec	guired whos reinstating) DATE		
12.	OFFICERS AND		13.	7 Agent agriculture for	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PO	DELETE	1.1 71	ILF		☐ Change	
NAME	CRAWFORD, LOUIS C.		1.2 N/	AME			
STREET ADDRESS	10203 PLANO RD STE 102		1.3 ST	REET ADDRESS			ŀ
CITY-ST-ZIP	DALLAC TV 75000		1	TY-ST-ZIP			
TITLE	STD	DELETE	2.1 TI			☐ Change	Addition
NAME	CRAWFORD, ELIZABETH I. 221		22 N/	ME			
STREET ADDRESS	10203 PLANO RD STE 102		2.3 51	REET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75238		2.40	ITY-ST-ZIP			
TITLE			3.1 TI	TLE		Change	Addition
NAME	MOORE, JOE A 3.		3.2 N	ME			
STREET ADDRESS			3.3 \$1	REET ADDRESS			j
CITY-ST-ZIP	PASCAGOULA MS 3.4.		3.4. C	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE		Change	e 🔲 Addition
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 S	REET ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			
TITLE	DELETE 5.1		5.1 ใ	ILE	······································	☐ Change	e Addition
NAME			5.2 N	ME			
STREET ADDRESS			5.3 S	REE1 ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change	e Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	REET ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-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 suppliemental 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 trusted 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 of the corporation of the co

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