2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005053

1. Entity Name
PROTECTIVE APPAREL CORP OF AMERICA

Principal Place of Business
179 MINE LANE
JACKSBORO, TN 37757

Mailing Address
179 MINE LANE
JACKSBORO, TN 37757

DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2059051 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HATFIELD, SANDRA
2102 SW 2ND ST
POMPANO BEACH, FL 33069

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	PIERCE, RONNIE L
STREET ADDRESS	179 MINE LANE
CITY-ST-ZIP	JACKSBORO, TN
TITLE	P
NAME	BROOKS, DAVID
STREET ADDRESS	179 MINE LN
CITY-ST-ZIP	JACKSBORO, TN 37757
TITLE	S
NAME	HATFIELD, SANDRA
STREET ADDRESS	2102 SW 2ND ST
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	SCHLEGEL, DAWN
STREET ADDRESS	179 MINE LN
CITY-ST-ZIP	JACKSBORO, TN 37757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/05-80013-005 158.75

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PROTECTIVE APPAREL CORPORATION OF AMERICA

SIGNATURE: By: Ronnie L. Pierce Ronnie L. Pierce 1-27-05 (423)562-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #