

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000005305 (7)

1. Corporation Name

PROTECH CONTRACTORS, INC. OF GA

Principal Place of Business

Mailing Address

2144 HILLS AVENUE, N.W.  
SUITE D-2  
ATLANTA GA 30318  
US

2144 HILLS AVE NW  
STE D2  
ATLANTA GA 30318  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1994

4. FEI Number

58-2079420

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 1231 Collier Road, N.W.

Suite, Apt. #, etc.

22 Suite H

City & State

23 Atlanta, GA

Zip

24 30318

Country

25 U.S.A.

2a. Mailing Address

26 1231 Collier Road, N.W.

Suite, Apt. #, etc.

27 Suite H

City & State

28 Atlanta, GA

Zip

29 30318

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CANNARELLA, JOSEPHINE  
9251 CENTRAL PARK DR., S.W.  
BLDG F-104  
FORT MYERS FL 33919

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDTS ☐ DELETE

NAME BURGESS, TOMMY  
STREET ADDRESS 2888 IVY DALE COURT  
CITY-ST-ZIP ATLANTA GA

TITLE V ☐ DELETE

NAME CANNARELLA, ANTHONY  
STREET ADDRESS 1950 ROSWELL ROAD, #3C2  
CITY-ST-ZIP MARIETTA GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDTS ☒ Change ☐ Addition

1.2 NAME Burgess, Tommy  
1.3 STREET ADDRESS 2049 Oak Brook  
1.4 CITY-ST-ZIP Jonesboro, GA 30236

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

3/24/98

CR2E034 (10/97)