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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000006698**

1. Corporation Name

PRO TECH MONITORING, INC.

Principal Place of Business

Mailing Address

**2708 ALTERNATE 19 NORTH, SUITE 503
PALM HARBOR FL 34683**

**2708 ALTERNATE 19 NORTH, SUITE 503
PALM HARBOR FL 34683**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 Suite, Apt., #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POSAVEC, ROBERT P
2708 ALTERNATE 19 NORTH
SUITE 503
PALM HARBOR FL 34683**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **MARTINEZ, ROBERT**
STREET ADDRESS **2708 ALTERNATE 19 NORTH, SUITE 503**
CITY-ST-ZIP **PALM HARBOR FL 34683**

1.1 TITLE **S/T/COO/CFO** ☐ Change ☒ Addition
1.2 NAME **POSAVEC, ROBERT P.**
1.3 STREET ADDRESS **2708 ALTERNATE 19 NORTH, SUITE 503**
1.4 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **V** ☒ DELETE
NAME **LAYSON, HOYT**
STREET ADDRESS **2708 ALTERNATE 19 NORTH, SUITE 503**
CITY-ST-ZIP **PALM HARBOR FL 34683**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ST** ☒ DELETE
NAME **KNUTSSON, GEORGE**
STREET ADDRESS **2708 ALTERNATE 19 NORTH, SUITE 503**
CITY-ST-ZIP **PALM HARBOR FL 34683**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **REESE, J M**
STREET ADDRESS **1001 PENNSYLVANIA AVE. NW, SUITE 220 SOUTH**
CITY-ST-ZIP **WASHINGTON DC 20004**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BAILEY, BRIAN D**
STREET ADDRESS **1001 PENNSYLVANIA AVE. NW, SUITE 220 SOUTH**
CITY-ST-ZIP **WASHINGTON DC 20004**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **CEO** ☐ DELETE
NAME **STAPLES, JOHNSTON C**
STREET ADDRESS **2708 ALTERNATE 19 NORTH, SUITE 503**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99

(727) 785-3425

CR2E034 (11/98)