FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G17073** **(9)**

1. Corporation Name

PROTDEC, INC.

Principal Place of Business
2214 University Blvd., West, Jacksonville, FL 32217
~~XXX XX XXXXXXXX XX~~
P.O. BOX 550542
JACKSONVILLE FL 32255

OR...

Mailing Address
~~XXXXXXXXXXXXXXXX~~ 2214 University Blvd., West,Jacksonville, FL 32217
P.O. BOX 550542
JACKSONVILLE FL 32255

2. Principal Place of Business
21 2214 University Blvd.West
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, FL
Zip 24 32217 Country 25 Duval

2a. Mailing Address
26 P.O. Box 550542
Suite, Apt. #, etc.
27 Jacksonville
City & State
28 Florida
Zip 29 32255 Country 30 Duval

3. Date Incorporated or Qualified: **12/28/1982**

3a. Date of Last Report: **02/03/1995**

4. FEI Number: **59-2250362** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VAN WINKEL, ROBERT
2214 UNIVERSITY BLVD., W.
JACKSONVILLE FL 32217

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if agent is a corporation (NOTE: An officer of the corporation may not sign unless he/she is also the registered agent.)

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE
NAME VAN WINKEL, ROBERT
STREET ADDRESS 2214 UNIVERSITY BLVD., W.
CITY-ST-ZIP JACKSONVILLE FL
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
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 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)(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: Robert Van Winkel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96
Date

(904) 641-4227
Daytime Phone #

CR2E034 (12/95)