

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **G72228** (1)  
1. Corporation Name  
**ADVANCED PROTECTION TECHNOLOGIES, INC.**



Principal Place of Business

14550 58TH ST. NORTH  
14088 ICOT BLVD.  
CLEARWATER FL 34620  
US

Mailing Address

14550 58TH ST. NORTH  
14088 ICOT BLVD.  
CLEARWATER FL 34620  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 14550 58TH ST NORTH  
Suite, Apt. #, etc.  
22  
City & State  
23 CLEARWATER, FL  
Zip  
24 33760 Country  
25 USA  
2a. Mailing Address  
26 14550 58TH ST NORTH  
Suite, Apt. #, etc.  
27  
City & State  
28 CLEARWATER, FL  
Zip  
29 33760 Country  
30 USA

3. Date Incorporated or Qualified

11/30/1983

4. FEI Number

59-2370604

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

9. Name and Address of Current Registered Agent

CHAPMAN, R. THOMAS, JR.  
14550 58TH ST. NORTH  
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City SAME FL 85 Zip Code 33760

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	DPT	11 TITLE	
NAME	CHAPMAN JR, R THOMAS	12 NAME	ADD ZIP CODE ONLY
STREET ADDRESS	14550 58TH ST. NORTH	13 STREET ADDRESS	NEW: 33760
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	
NAME	MALONE, MIKE	22 NAME	ADD ZIP CODE ONLY
STREET ADDRESS	14550 58TH ST. NORTH	23 STREET ADDRESS	NEW: 33760
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Mike Malone VP (Mike Malone) 5/15/98 813-535-16339

CR2E034 (10/97)