

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90057 043 \*\*\*150.00

**DOCUMENT # G72228**

1. Corporation Name

**ADVANCED PROTECTION TECHNOLOGIES, INC.**

Principal Place of Business

**14550 58TH ST. NORTH  
CLEARWATER FL 34620  
US**

Mailing Address

**14550 58TH ST. NORTH  
CLEARWATER FL 34620  
US**

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 14550 58th ST. NORTH**

2a. Mailing Address

**26 14550 58th ST. NORTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 CLEARWATER, FL**

City & State

**28 CLEARWATER, FL**

Zip

**24 33760**

Country

**25 USA**

Zip

**29 33760**

Country

**30 USA**

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

**SAME**

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE: **Mike Malone, MIKE MALONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/13/99**

Daytime Phone #

**(727) 535-6339**

CR2E034 (1/98)