## 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

## DOCUMENT # G72228

1. Corporation Name ADVANCED PROTECTION TECHNOLOGIES, INC.

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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



					<u> </u>	JE ERTI DIBII OLDIE	EKEKI ULEH E	(B() BIBII (BB(
Principal Place	e of Business	Mailing Address			•			
14550 58TH ST. NORTH       14550 58TH ST. NORTH         CLEARWATER FL 34620       CLEARWATER FL 34620         US       US						•		
					DO NOT WRITE IN THIS SPACE			
00					3. Date Incorporated or Qualifed			
					11/30/1983			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 14550	58th ST. NORTH	26 14550 58th	57,	NORTH	59-2370604			t Applicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.			er, FL		5. Certifcate of Status Desired S8.75 Additional Fee Required  6. Election Campaign Financing S5.00 May Be Added to Fees  8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Current		1					
			81	Name	SAME			
CHAPMAN, R. THOMAS, JR. 14550 58TH ST. NORTH				Street Add	1 Address (P.O. Box Number is Not Acceptable)			
, Clearwater FL 34620			83		SAME			
VLD	WINNELL LE GIOCO		84	City	SAME	FL	85 Zip (	Code <b>760</b>
44 Disease	to the provisions of Scotions 607 0500	2 and 607 1609 Florida Statutes	the above	anamed corr	poration submits this statement for the r	ournose of ch	anging its	registered
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth	norizea by	tne corporati	on's board of directors. I hereby accept	the appointn	nent as re	gistered
	m tamiliar with, and accept the obligat	ions or, Section 607.0303, Florida	a Statutes	•				Į
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Re	egistered Ager	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF			
TITLE	DPT	☐ DELETE	1.1 TITLE			Ę	Change	Addition
NAME	CHAPMAN JR, R THOMAS		1.2 NAME					
STREET ADDRESS	14550 58TH ST. NORTH		1.3 STREE	TADDRESS				•
CITY-ST-ZIP	CLEARWATER FL 33760		1.4 CITY-S	T-ZIP		<del></del>	70	- Addition
TITLE	DVS DELETE 2.11		2.1 TITLE			ι	Change	☐ Addition
NAME	MALONE, MIKE		2.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33760		2. 4 CITY-5	ST-ZIP			Channa	☐ Addition
TITLE		☐ DELETE	3.1 TITLE			i	Change	/ Addition
NAME			3.2 NAME					``
STREET ADORESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			- Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE			ι	Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-S	T-ZIP	<u> </u>		Chands	☐ Addition
TITLE		☐ DELETE	5.1 TITLE			. ا	Change	☐ Addition
NAME			5.2 NAME		• :			i
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			5.4 CITY- S	T- ZIP		<del></del>	Change	☐ Addition
TITLE			6.1 TITLE	1		Į	Change	Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP