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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # J24516

(3)

PROTAV, INCORPORATED  Principal Place of Business Mailing Address  683 CUMBERLAND ROAD DELAND FL 3272  DELAND FL 32724-2415							
US US	616	US	,				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
					3. Date Incorporated or Qualified		Last Report
2. Principal P	Place of Business	2a. Mailing Address			<b>06/27/1986 4.</b> FEI Number	06/13/	Applied For
21	Too by Eddings	26			59-2715885		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>			\$8	8.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	\$	5.00 May Be
23	······································	28	т		Trust Fund Contribution.		Added to Fees
Zip	Country	Zφ	Count	ry	8. This corporation has liability for		
24 25 29 29 29 29 29 29 29 29 29 29 29 29 29			[30]	Florida Statutos Yes No 10. Name and Address of New Registered Agent			
		on tropistorea Agent	8	1 Name	In the state of th	togistorou Ageil	
	OVER, JOSEPH L. 10 MCCORVEY ROAD		8	2 Street Add	Address (P.O. Box Number is Not Acceptable)		
DEI		. 8		Notes ( No. Dos Humber to Not Acceptable)			
			8			Tor-	Zip Code
						FL 85	'
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printing harne of registered is				poration submits this statement for the alion's board of directors. I hereby acc	part	ient as registered
12.		ND DIRECTORS	13.	9-11-19-19-19-19-19-19-19-19-19-19-19-19	ADDITIONS/CHANGES TO OF		ECTORS IN 12
TITLE	PD	DELETE	1.1 117(£				Change Addition
NAME	MULLINS, DAWN	1.2		E			
STREET ADDRESS	683 CUMBERLAND ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	DELAND FL/		1.4 CITY	-SI - 7IP			b.
TITLE	STD	DELETE 2.				ΠC	Change 🖸 Addition
NAME		LEYDA, JOHN K.		E			,
STREET ADDRESS	104 S. MARKET ST.			ET ADDRESS			
CITY-ST-ZIP	MINERVA OH			- ST - 7IP			Change Addition
TITLE		T ptreit	3.1 TITLE				mange
NAME OTDEET ADDRESS			3.2 NAM	:			
STREET ADDRESS			3.3 STHL 3.4. CITY	ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE 4.1					Change
NAME			4. 2 NAM				- ·
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CHY	1			
TITLE			5.1 TITLE		Change		Change Addition
NAME			5.2 NAM			•	
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZiP		<del></del>	
TITLE		☐ DELETE	6.1 TRLE				Change
NAME			6.2 NAM				

14. I do 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 frue 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.

6.3 STREET ADDRESS