

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L35514** (3)

1. Corporation Name

ROBERT'S PROTECTION SYSTEMS, INC.



Principal Place of Business

**3498 E. ODIER
INVERNESS FL 34453**

Mailing Address

**3498 E. ODIER
INVERNESS FL 34453**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/08/1989

3a. Date of Last Report

03/13/1995

4. FEI Number

59-2987356

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

**LANEY, ROBERT E.
3498 EAST ODIER
INVERNESS FL 34453**

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 607.0508, Florida Statutes.

SIGNATURE

(If the registered agent is a corporation, the signature of the president or other officer is acceptable.)

(If the registered agent is an individual, the signature of the individual is acceptable.)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE

**DP
LANEY, ROBERT E.
3498 E. ODIER
INVERNESS FL**

☐ DELETE

1. TITLE

☐ Change ☐ Addition

2. NAME

2. NAME

3. STREET ADDRESS

3. STREET ADDRESS

4. CITY, ST, ZIP

4. CITY, ST, ZIP

5. TITLE

5. TITLE

☐ Change ☐ Addition

6. NAME

**DST
LANEY, JOANN L.
3498 E. ODIER
INVERNESS FL**

☐ DELETE

6. NAME

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