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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:21

DOCUMENT # **M19312** **(1)**

1. Corporation Name
PROTECT-A-CHILD POOL-FENCE SYSTEMS, INC.

Principal Place of Business	Mailing Address
1791 BLOUNT RD. #907 ~~2545 GE 14TH STREET~~ POMPANO BEACH FL 33069 US	C/O FILLINGAME, BILL W. 2545 SE 14 ST POMPANO BEACH FL 33062-0221 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1985
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21 1791 Blount Rd.
Suite, Apt. #, etc.
22 #907
City & State
23 Pompano Beach, FL
Zip 24 33069-5117 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 33062-7221 Country 30

4. FEI Number: 59-2704362 ☐ 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

FILLINGAME, BILL W.
2545 S.E. 14 ST
POMPANO BCH. FL 33062

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	FILLINGAME, BILL W.	1.2 NAME	
STREET ADDRESS	2545 S.E. 14 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☒ Change ☐ Addition
NAME	COPPEDGE, DONALD L.	2.2 NAME	
STREET ADDRESS	~~2545 S.E. 14TH STREET~~	2.3 STREET ADDRESS	3551 SE LEONARD LN
CITY-ST-ZIP	~~POMPANO BEACH FL~~	2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	FILLINGAME, BIRGIT	3.2 NAME	
STREET ADDRESS	2545 S.E. 14TH STRET	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Bill W. Fillingame 1/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date

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