

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 # M19312 (1)

1. Corporation Name

PROTECT-A-CHILD POOL-FENCE SYSTEMS, INC.



Principal Place of Business

1791 BLOUNT RD.
#907
POMPANO BEACH FL 33069-5117
US

Mailing Address

C/O FILLINGAME, BILL W.
~~2545 G.E. 14 ST~~
~~POMPANO BEACH FL 33062-7221~~
~~US~~

3. Date Incorporated or Qualified
08/12/1985

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 5121 NE 30th Ave
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 US

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

10. Name and Address of New Registered Agent

FILLINGAME, BILL W.
~~2545 G.E. 14 ST~~
~~POMPANO BEACH FL 33062~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5121 NE 30th Ave

83

84 City

Lighthouse Point FL

85 Zip Code

33064

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
FILLINGAME, BILL W.
~~2545 G.E. 14 ST~~
~~POMPANO BEACH FL~~
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
COPPEDGE, DONALD L.
3551 SE LEONARD LN
STUART FL
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
FILLINGAME, BIRGIT
~~2545 G.E. 14TH STREET~~
~~POMPANO BEACH FL~~
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

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

☒ Change ☐ Addition

5121 NE 30th Ave
Lighthouse Point FL 33064

☐ Change ☐ Addition

☒ Change ☐ Addition

5121 NE 30th Ave
Lighthouse Point FL 33064

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/07/96 1954 979/089

CR2E034 (12/95)