SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 JUN 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44208** **(9)**

1. Corporation Name

ADULT COMPREHENSIVE PROTECTION SERVICES, INC.

Mailing Address	Principal Place of Business
~~10770 58TH ST N~~	~~10770 58TH ST N~~
~~SUITE 206~~	~~SUITE 206~~
~~CLEARWATER FL 34620~~	~~CLEARWATER FL 34620~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21 P.O. Box 1458	26 8130-66 ST. N.
22 Suite, Apt. #, etc	27 Suite 2
23 City & State: Pinellas Park, FL	28 Pinellas Park, FL
24 Zip: 34664 25 Country: USA	29 Zip: 34665 30 Country: USA

4. FEI Number: 59-3107054	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

3. Date Incorporated or Qualified	3a. Date of Last Report
07/08/1991	07/02/1993

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLAN, LINDA R. 400 COREY AVENUE SUITE 200 ST. PETERSBURG FL 33706	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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, type(s) or printed name of registered agent, and title, if applicable (NOTE: Registered Agent must sign and print name individually)

12. OFFICERS AND DIRECTORS		13. CHANGES TO BE ENTERED AND/OR ADDITIONS
11 TITLE	D	
12 NAME	WALL, BETH	
13 STREET ADDRESS	777 S HARBOUR ISL BLVD	
14 CITY, ST, ZIP	TAMPA FL	
21 TITLE	D	
22 NAME	CARLSON, CHARLES	
23 STREET ADDRESS	601 BAYSHORE BLVD #700	
24 CITY, ST, ZIP	TAMPA FL	
31 TITLE	D	
32 NAME	AITKEN, JAMES	
33 STREET ADDRESS	25 SECOND STREET NORTH	
34 CITY, ST, ZIP	ST. PETERSBURG FL	
41 TITLE	P	
42 NAME	JOHNSON, PATRICIA F.	
43 STREET ADDRESS	~~10770 58TH STEET NORTH #307~~	8130 - 66th Street N. #2
44 CITY, ST, ZIP	~~CLEARWATER FL 34620~~	Pinellas Park, FL 34665
51 TITLE	V	
52 NAME	SIMPSON, RONALD	
53 STREET ADDRESS	11015 128TH AVENUE NORTH	
54 CITY, ST, ZIP	LARGO FL 33544	
61 TITLE	S	S
62 NAME	~~PIRRI, VICTORIA~~	Patricia Johnson
63 STREET ADDRESS	~~7810 12TH STREET NORTH~~	8130-66 ST. N. #2
64 CITY, ST, ZIP	~~ST. PETERSBURG FL 33702~~	Pinellas Park, FL 34665

14. I do hereby certify that the information supplied with this report is complete, accurate 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above with an asterisk.

SIGNATURE: Patricia Johnson Patricia Johnson 6-23-94 813 5478676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR