

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44208 (9)

1. Corporation Name

ADULT COMPREHENSIVE PROTECTION SERVICES, INC.

Principal Place of Business

Mailing Address

8130-66 ST N
STE 2
PINELLAS PK FL 34665
US

P O BOX 1458
PINELLAS PK FL 34664
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1991

3a. Date of Last Report

05/17/1994

4. FEI Number

59-3107054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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, 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	D
NAME	WALL, BETH
STREET ADDRESS	777 S HARBOUR ISL BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	CARLSON, CHARLES
STREET ADDRESS	601 BAYSHORE BLVD #700
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	AITKEN, JAMES
STREET ADDRESS	25 SECOND STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	P
NAME	JOHNSON, PATRICIA F.
STREET ADDRESS	8130 66TH ST N STE 2
CITY-ST-ZIP	PINELLAS PK FL
TITLE	V
NAME	SIMPSON, RONALD
STREET ADDRESS	11015 128TH AVENUE NORTH
CITY-ST-ZIP	LARGO FL 33544
TITLE	S
NAME	JOHNSON, PATRICIA
STREET ADDRESS	8130-66 ST N #2
CITY-ST-ZIP	PINELLAS PARK FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, above, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/95

813 547 8676