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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N44208 (9)
1. Corporation Name
ADULT COMPREHENSIVE PROTECTION SERVICES, INC.



Principal Place of Business Mailing Address
**8130-66 ST N
SUITE 12
PINELLAS PK FL 34665
US** **P O BOX 1458
PINELLAS PK FL 33780-1458
US**

3. Date Incorporated or Qualified **07/08/1991** 3a. Date of Last Report **02/01/1996**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 **33781** 25 29 30

9. Name and Address of Current Registered Agent

**ALLAN, LINDA R.
6675 13TH AVENUE NORTH
SUITE 2C
ST. PETERSBURG FL 33710**

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 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 617.0503, 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

TITLE	S	<input type="checkbox"/> DELETE
NAME	JACOBS, KEHIA	
STREET ADDRESS	8130 66TH STREET NORTH 12	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARLSON, CHARLES	
STREET ADDRESS	601 BAYSHORE BLVD #700	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AITKEN, JAMES	
STREET ADDRESS	25 SECOND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHNSON, PATRICIA F.	
STREET ADDRESS	8130 66TH ST N STE 2	
CITY-ST-ZIP	PINELLAS PK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIMPSON, RONALD	
STREET ADDRESS	11015 128TH AVENUE NORTH	
CITY-ST-ZIP	LARGO FL 33544	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, RICHARD	
STREET ADDRESS	5265 PARK BOULEVARD NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE:

Patricia Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97 813-547-8676

Date

Daytime Phone # 0052090

CR2E037 (9/96)