

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40511 (8)

1. Corporation Name

AM-PRO PROTECTIVE AGENCY, INC.



Principal Place of Business

7499 PARKLANE ROAD
136
COLUMBIA SC 29223
US

Mailing Address

P.O. BOX 23829
COLUMBIA SC 29224-3829
US

3. Date Incorporated or Qualified
09/16/1992

3a. Date of Last Report
06/16/1995

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

4. FEI Number

57-0730426

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

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

S. ALLEN MONELLO
327 OFFICE PLAZA DRIVE
SUITE 209
TALLAHASSEE FL 32301

81 Name

S. Allen Monello

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

1331 East Lafayette Street

83

Suite E

84 City

Tallahassee

FL

85 Zip Code

32301

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 fee, if applicable.

(NOTE: Registered Agent signature required when re-stating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEST, JOHN C.	
STREET ADDRESS	7499 PARKLANE ROAD	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEST, LOIS	
STREET ADDRESS	7499 PARKLANE ROAD, #136	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EAVES, ROBERT	
STREET ADDRESS	7499 PARKLAND ROAD	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, JOHN E.	
STREET ADDRESS	7499 PARKLAND ROAD, #136	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROWN, KENNTH C.	
STREET ADDRESS	7499 PARKLAND ROAD, #136	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BROWN, JESSIE R.	
STREET ADDRESS	7499 PARKLAND ROAD, #136	
CITY - ST - ZIP	COLUMBIA SC	

1.1 TITLE	Asst. Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Douglas A. West	
1.3 STREET ADDRESS	7499 Parklane Road, Ste.136	
1.4 CITY - ST - ZIP	Columbia, SC 29223	
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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas A West
5/13/96

Date

803-741-0287

Daytime Phone

CR2E034 (12/95)