

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
DIVISION OF CORPORATIONS

05 MAY -1 AM 8:39

DOCUMENT # P94000074748 (2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROTECTO, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered 10/12/1994	3a. Date of last report
4. FEI Number 59-327-1923	Applied For Not Applicable
5. Certificate of Status Granted ☐	\$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 adequate tax under S. 190(3)(2), Florida Statutes. ☒ Yes ☐ No	

Previous Page of Report		Mailing Address	
144 SANTEE DRIVE PANAMA CITY FL 32404		144 SANTEE DRIVE PANAMA CITY FL 32404	
2. Designation of Officer	2a. (Mailing) Address	2b. (Mailing) Address	2c. (Mailing) Address
21	26	26	26
State Apt. # etc.	State Apt. # etc.	State Apt. # etc.	State Apt. # etc.
22	27	27	27
City & State	City & State	City & State	City & State
23	28	28	28
Zip	Zip	Zip	Zip
24	25	29	30
Country	Country	Country	Country

9. Name and Address of Current Registered Agent

**PERRY, MARY
144 SANTEE DRIVE
PANAMA CITY FL 32404**

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 607.02(2) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of designating 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 a registered agent under Florida Statutes.

SIGNATURE _____ (Print name of person who is registered agent or officer of corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND REMOVALS IN 12	
12a. NAME	D PERRY, MARY 144 SANTEE DRIVE PANAMA CITY FL 32404	13a. NAME	☐ Change ☐ Addition
12b. STREET ADDRESS		13b. STREET ADDRESS	☐ Change ☐ Addition
12c. CITY		13c. CITY	☐ Change ☐ Addition
12d. STATE		13d. STATE	☐ Change ☐ Addition
12e. ZIP		13e. ZIP	☐ Change ☐ Addition
12f. TITLE		13f. TITLE	☐ Change ☐ Addition
12g. NAME		13g. NAME	☐ Change ☐ Addition
12h. STREET ADDRESS		13h. STREET ADDRESS	☐ Change ☐ Addition
12i. CITY		13i. CITY	☐ Change ☐ Addition
12j. STATE		13j. STATE	☐ Change ☐ Addition
12k. ZIP		13k. ZIP	☐ Change ☐ Addition
12l. TITLE		13l. TITLE	☐ Change ☐ Addition
12m. NAME		13m. NAME	☐ Change ☐ Addition
12n. STREET ADDRESS		13n. STREET ADDRESS	☐ Change ☐ Addition
12o. CITY		13o. CITY	☐ Change ☐ Addition
12p. STATE		13p. STATE	☐ Change ☐ Addition
12q. ZIP		13q. ZIP	☐ Change ☐ Addition
12r. TITLE		13r. TITLE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190(2)(b), 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. 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 of this report, or on an attachment with an address.

SIGNATURE: *Mary Perry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 904-763-5323
DATE PHONE