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FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000052021 (9)

1. Corporation Name
PROTECH MONITORING, INC.



Principal Place of Business
2701 ALT 19 NO
#503
PALM HARBOR FL 34683
US

Mailing Address
2708 ALT 19 NO
STE 503
PALM HARBOR FL 34683-2643
US

3. Date Incorporated or Qualified
07/05/1995

3a. Date of Last Report
08/09/1996

4. FEI Number
59-3323651

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
21 2708 ALT 19 NO
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

LAYSON, HOYT M JR.
3052 ENISGLEN DR
~~SUITE 2~~
PALM HARBOR FL 34683

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MARTINEZ, ROBERT 1211 N	1.2 NAME	
STREET ADDRESS	419	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	
NAME	LAYSON, HOYT M JR.	2.2 NAME	
STREET ADDRESS	3052 ENISGLEN DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	
NAME	MARTINEZ, ALAN	3.2 NAME	
STREET ADDRESS	1211 N WESTSHORE BLVD STE 419	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	KNUTSSON, MARGARET	4.2 NAME	
STREET ADDRESS	19810 GULF BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	STAPLES, JOHNSTON R	5.2 NAME	
STREET ADDRESS	980 TYRONE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	STAPLES, JULIE C	6.2 NAME	
STREET ADDRESS	980 TYRONE BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* HOYT M. LAYSON, JR. 1/15/97 (93) 795-3425
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)