

• 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 # P95000083285 (3)

1. Corporation Name

APS / ATLAS PROTECTIVE SERVICES INC.



Principal Place of Business

809 FLORIDA AVE.  
ST. CLOUD FL 34769

Mailing Address

809 FLORIDA AVE.  
ST. CLOUD FL 34769

3. Date Incorporated or Qualified  
10/31/1995

3a. Date of Last Report

2. Principal Place of Business

21 809 FLORIDA AVE.

Suite, Apt. #, etc.

22 City & State

23 ST. CLOUD, FLA.

Zip Country

24 34769

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FET Number

59-3341470

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

CEBALLOS, PATRICK A SR.  
809 FLORIDA AVE.  
ST. CLOUD FL 34769

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

PATRICK A. CEBALLOS SR.

Signature typed or printed name of registered agent (if not a legal name)

*Patrick A. Ceballos*

(NOTE: Registered Agent Signature required after 1/24/96)

1-24-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / Director / Officer ☐ Change ☒ Addition  
1.2 NAME PAT CEBALLOS  
1.3 STREET ADDRESS 809 FLORIDA AVE  
1.4 CITY-ST-ZIP ST CLOUD, FLA. 34769

2.1 TITLE SECRETARY / OFFICER ☐ Change ☒ Addition  
2.2 NAME JUNI CEBALLOS  
2.3 STREET ADDRESS 809 FLORIDA AVE  
2.4 CITY-ST-ZIP ST. CLOUD, FLA. 34769

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 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: PATRICK A. CEBALLOS SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patrick A. Ceballos*

1-24-96

DATE

(407) 857-1012

Daytime Phone #

CR2E034 (12/95)