## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 04 1998 8:00am Secretary of State

| DOCUMENT # P96000047732 (8)   |   |                                |                            |                        | -  |                               |
|---|---|--------------------------------|----------------------------|------------------------|--|-------------------------------|
| PROTOPS, INC.   |   |                                |                            |                        | A INCHINATE AND ANAMA COURT  |                               |
| Principal Place   | of Rusiness   | Mailing Address                |                            |                        |  |                               |
| 3755 W LAKE HAMILTON DRIVE 3755 W LAKE HAMILTON D   |   |                                |                            |                        |  |                               |
| WINTER HAVEN FL 33881 WINTER HAVEN FL 33881   |   |                                |                            |                        | DO NOT WRITE IN THIS   | SPACE                         |
|   |   |                                |                            |                        | 3. Date Incorporated or Qualified  |                               |
| 2. Principal Place of Business 2a. Mailing Address  |   |                                |                            |                        | 06/05/1996   |                               |
| 2. Principal Pla  | Principal Place of Business 2a. Mailing Address 25                      |                                |                            |                        | 4, FEI Number 59-3388859   | Applied For<br>Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |                                |                            |                        |  | \$8.75 Additional             |
| 22 27   |   |                                |                            |                        | 5. Certificate of Status Desired   | Fee Required                  |
| City & State City & State   |   |                                |                            |                        | 6. Election Campaign Financing  Trust Fund Contribution  | \$5.00 May Be                 |
| Zip   | Country Zip   |                                | Country                    | /                      | 8. This corporation owes or has paid the cu  | Added to Fees                 |
| 24  | 25  | 29                             | 30                         |                        | Personal Property Tax due June 30.   | Yes 🗌 No                      |
| g, Name and Address of Current Registered Agent   |   |                                |                            | Name                   | 10. Name and Address of New Registered   | Agent                         |
| PARIS, DONALD M<br>3755 W LAKE HAMILTON DRIVE<br>WINTER HAVEN FL 33881  |   |                                | 81                         |                        |  |                               |
|   |   |                                | 82                         | Street A               | Address (P.O. Box Number is Not Acceptable)  |                               |
|   |   |                                | 83                         |                        |  |                               |
|   |   |                                | 84                         | City                   |  | 85 Zip Code                   |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes,   |   |                                |                            | e-named c              | FL corporation submits this statement for the ourcose of   | f 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   |   |                                |                            |                        |  |                               |
| 12.   | Ignature, typed or printed name of registered agent a<br>OFFICERS AND D |                                | E: Registered Age          | ent signature re       | required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND   | DIBECTORS IN 12               |
| TITLE   | OP DELETE   |                                | 1.1 TITLE                  |                        | ADDITION OF THE PARTY OF THE PA | ☐ Change ☐ Addition           |
| NAME  |   |                                |                            |                        |  | ;                             |
| STREET ADDRESS  | A S TA A A A A A A A A A A A A A A A A A                                |                                |                            | ADDRESS                |  | ļi                            |
| CITY-ST-ZIP<br>TITLE  | DS DELETE   |                                | 1.4 CITY - 9<br>2.1 TITLE  | SI-ZIP                 | A CONTRACTOR OF THE CONTRACTOR | Change Addition               |
| NAME  | OLSON, JOHN W   |                                | 2.2 NAME                   |                        |  |                               |
| STREET ADDRESS  |   |                                | 2.3 STREET                 | ADDRESS                | *  |                               |
| CITY-ST-ZIP   | WINTER HAVEN FL   |                                | 2. 4 CITY-                 | ST-ZIP                 |  |                               |
| TITLE<br>NAME   | ☐ DELETE  |                                | 3.1 TITLE<br>3.2 NAME      |                        |  | Change Addition               |
| STREET ADDRESS  |   |                                | 3.3 STREET                 | ADDRESS                |  |                               |
| CITY-ST-ZIP   |   | ,                              | 3 4. CITY-                 |                        |  |                               |
| TITLE   |   | ☐ DELETE                       | 4.1 TITLE                  |                        |  | ☐ Change ☐ Addition           |
| NAME<br>OTREET ARRESS   |   |                                | 4. 2 NAME                  |                        |  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                                | 4.3 STREET<br>4.4 City - S |                        |  |                               |
| TITLE   |   | DELETE                         | 5.1 TITLE                  | II - ZIF               |  | Change Addition               |
| NAME  |   |                                | 5.2 NAME                   |                        |  |                               |
| STREET ADDRESS  |   |                                | 5.3 STREET                 | ADDRESS                |  |                               |
| CITY-ST-ZIP   |   |                                |                            | 5.4 CITY-S1-ZIP Change |  | Change Addition               |
| TITLE<br>Name   |   |                                |                            |                        |  | Change Addition               |
| STREET ADDRESS  | / \   | ^                              | 6.2 NAME<br>6.3 STREET     | ADDRESS                |  |                               |
| CITY-ST-ZIP   |   |                                |                            | T-ZIP                  |  |                               |
| 14. I hereby cer  | rtify that the information supplied with t                              | his filing does not qualify fo | r the exemp                | tion stated            | l in Section 119.07(3)(i), Florida Statutes. I further ce  | rtify that the information    |

14. I 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 of supplichmental annual (port) is fuc 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 like receiver or vistee 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.

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