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

DOCUMENT # P96000066101 (2)

PRO-TECH SERVICES OF TAMPA BAY, INC.

FILED Apr 08 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			1 1884188) 114 18114 6144 46111 Esta senti estale Salia es	191 11817 991	
3105 NORTH ADAMS STREET TAMPA FL 33611			3105 NORTH ADAMS STREET					
		TAMPA FL 33611	TAMPA FL 33611			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						08/07/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26	26			59-3410626	No	ot Applicable
Suite, Apt.	W, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					Additional
22		27	27			8. Certificate of Status Desired	Fee Re	equired
City & State)	City & State	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	Country		8. This corporation owes or has paid the currer		
24	25	29	30	30		Personal Property Tax due June 30. Yes No		
	g, Name and Address of Curr	ent Registered Agent		81	Maria	10. Name and Address of New Registered Ag	9 711	
	rtin, scott m			81	Name			
310	5 N ADAMS ST		ţ	82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
#21	11							
TAN	(PA FL 33611			83				1
			ŀ	84	City		85 Zip	Code
			i	1	-	FL	1 1	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the ab	-eyoc	named corp	poration submits this statement for the purpose of clation's board of directors. I bereby accept the appoint	hanging i ntment as	ts registered registered
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, typod or printed name of registered a			J Agent	signature requ	hied when reinstating) DATE	UDEOTO:	20 151 40
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	Change	Addition
TITLE	D DELETE			1.1 TITLE		<u> </u>	_ Change	Addition
MARTIN, SCOTT M				1.2 NAME				
STREET ADORESS	% 3105 NORTH ADAMS ST	REET	1.3 STREET ADDRESS					
CITY-ST-7IP	TAMPA FL 33611			1.4 CITY - ST - ZIP			Change	Addition
TITLE	D DELETE			2.1 TIFLE		<u>_</u>		
NAME	MARTIN, CURTIS W		2.2 NAME					
STREET ADDRESS	% 3105 NORTH ADAMS ST	REET	2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33611	DELETE	2 4 CITY-ST-ZIP		-ZIP		Change	Addition
TITLE	D DELETE			3.1 TITLE		L	_ change	ריין אטמונוטיו
NAME	MARTIN, CHRISTINA A			3.2 NAME				
STREET ADDRESS				3.3 STREET ADORESS		·		
CITY-SY-ZIP	TAMPA FL 33611	T present		ITY-ST	- ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TIT			L		LJ AGGREGII
NAME			4, 2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		Filoriese		TY-ST	- ZIP		Change	Addition
TITLE		DELETE	5.1 TII			L	_ crange	L. Aggitton
NAME			5.2 NA					1
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		D or Ptr		TY-\$1	-ZIP		Change	Addition
TITLE		☐ DELETE	6.1 TI			L	_ crange	
NAME			6.2 N/					
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP				ITY-ST		0. No. 440 07(0)(0) Florida Charles 14 miles	h, that *L	o information
44 Iberaby	partify that the information cumplied	I with this filing does not qualify	for the exe	emnti	ion stated ir	n Section 119.07(3)(i). Florida Statutes. I further certi	uv that th	e mormation I

4. 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outr, 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.

CICNIATUDE.

Scott M. Warken

3/31/98 (43) 837-264

CRZE034 (10/97)