

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90119 039 ***150.00

DOCUMENT # P97000022197

1. Corporation Name
PROPER PROTOCOL, INC.

Principal Place of Business
**9040 WATER ASH LANE
PINELLAS PARK FL 33782**

Mailing Address
**9040 WATER ASH LANE
PINELLAS PARK FL 33782**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1997

4. FEI Number **59-3430144** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **7497 Watersilk Drive**
Suite, Apt. #, etc.

2a. Mailing Address
26 **7497 Watersilk Drive**
Suite, Apt. #, etc.

22 City & State
23 **Pinellas Park, FL**

27 City & State
28 **Pinellas Park, FL**

24 Zip **33782** 25 Country

29 Zip **33782** 30 Country

9. Name and Address of Current Registered Agent

**GODDARD, KIM
9040 WATER ASH LANE
PINELLAS PARK FL 33782**

10. Name and Address of New Registered Agent

81 Name **Goddard, Kim**
82 Street Address (P.O. Box Number is Not Acceptable)
7497 Watersilk Drive
83
84 City **Pinellas Park** FL 85 Zip Code **33782**

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 *Kim Goddard*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-9-99**

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **GODDARD, KIM**
STREET ADDRESS **9040 WATER ASH LANE**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **7497 Watersilk Drive**
1.4 CITY-ST-ZIP **Pinellas Park, FL 33782**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *Kim Goddard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99 **727 5474711**
Date Daytime Phone #

0429625

CR2E034 (11/98)