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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000056514 (7)

CHAMPAGNE PROFESSIONAL PROTECTIVE SERVICES, INC.

## FILED May 05 1998 8:00am Secretary of State

Principal Plac 731 LAMBTOI NAPLES FL 3		Mailing Address 731 LAMBTON LANE NAPLES FL 34104		DO NOT WRITE IN TH	
<u> </u>				06/25/1997	
	Place of Business	2a. Mailing Address	014	4. FEI Number	Applied For
Suite, Apt.	# etc	26 P.O. Box // Suite, Apt. #, etc.	853	59-3458054	Not Applicable
22	w, otc.	27		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	le	City & State	-		Fee Required
23		28 AJAPLES	FLORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	20 34/0/	30 CollieR/USA	Personal Property Tax due June 30.	Yes Mo
	9. Name and Address of Curi	ent Registered Agent		10. Name and Address of New Registers	
731 NA	OUPAL, GARY R 1 LAMBTON LANE PLES FL 34104		83 84 City	ess (P.O. Box Number is Not Acceptable)	L 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 January with, and accept the pligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or profed names of registered agent and tilled applicable. (NOTE Registered Agent signature required when reinstating)  DATE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PT CARY D	☐ DELETE	1.1 TITLE		Change Addition
NAME	COUPAL, GARY R 731 LAMBTON LANE		1.2 NAME		
STREET ADDRESS	NAPLES FL 34104		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE	NAPLES PL 34104	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		0
NAME		□ ottele	2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE	1 12 17 17 12 12 12 12 12 12 12 12 12 12 12 12 12	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
RAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 chapter 607 or an attackment with an address.

SIGNATURE:

L MARM A

4/20/08

941352-6272