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 # P97000070348 (2)

EMERALD COAST PROTECTIVE SERVICES, INC.

FILED May 05 1998 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc.	
PANAMA CITY BOH FL 32413-5217 PANAMA CITY BOH FL 32417-9949 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1997 4. FEI Number 4. FEI Number 59 - 34 4 5 3 1 5 1 5 5 - 34 4 5 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	
28. Mailing Address 29. Mailing Address 20. Mailing Address 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. City & State 25. Certificate of Status Desired \$8.7	
2. Principal Place of Business	
Suite, Apt. #, etc. State Suite, Apt. #, etc. State Suite, Apt. #, etc. State Stat	
Suite, Apt. #, etc. Suite, Apt. #, etc.	Applied For
State City & State Country State Country State State Country State State Country State	Not Applicable
28	5 Additional Required
PEAK, ROLAN M 165 MANISTEE DR PANAMA CITY BCH FL 32413-5217 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 changin 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typind or printed name of topics and appropriated from the provisions of Sections AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Tittle P/S/T Change MARK DELETE 1.1 Tittle P/S/T Change MARK City FL 85 Z Street Address (P.O. Box Number is Not Acceptable) By Street Address (P.O. Box Number is Not Acceptable) By Street Address (P.O. Box Number is Not Acceptable) By Street Address (P.O. Box Number is Not Acceptable) By Street Address (P.O. Box Number is Not Acceptable) By Street Address (P.O. Box Number is Not Acceptable) By Street Address (P.O. Box Number is Not Acceptable) By Street Address of New Registered Agent By Street Address of New Registered	00 May Be ad to Fees
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PEAK, ROLAN M 165 MANISTEE DR PANAMA CITY BCH FL 32413-5217 82 Street Address (P.O. Box Number is Not Acceptable) 83 PANAMA CITY BCH FL 32413-5217 84 City 85 Z 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 changin 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRLCTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME P/S/T Change Relax M. Peak	□ No
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TITLE DELETE 1.1 TITLE P/S/T Change NAME 12 NAME Roland M. Penk	ORS IN 12
NAME 12 NAME Rolan M. Peak	
Korko	
STREET ADDRESS 115 Maniates Drive	
CITY-ST-ZIP Panana City Boach, FL 32413	
TITLE DELETE 2.1 TITLE Chang	e 🗷 Addition
NAME Philip Lee Sullivan	
STREET ADDRESS 105 Colony Day Harbour Drive	
CITY-ST-ZIP PANAMA City Bouch, Fr 32407	
TITLE DELETE 3.1 TITLE Chang	e Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Chang	e Addition
NAME 4.2 NAME	
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TITLE DELETE 5.1 TITLE Chang	e Addition
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STREET ADDRESS 5.3 STREET ADDRESS	
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TITLE DELETE 6.1 TITLE Chang	e Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-S1-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.