


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

FILED

Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000094743 (6)**

1. Corporation Name  
**PROTECTIVE SOLUTIONS, INC.**

Principal Place of Business  
**125 W ROMANA ST STE 224  
PENSACOLA FL 32501**

Mailing Address  
**125 W ROMANA ST STE 224  
PENSACOLA FL 32501**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>804 SOUTH PALAFOX</b>		2a. Mailing Address <b>1226 P.O. BOX 12263</b>		3. Date Incorporated or Qualified <b>11/04/1997</b>	
21. Suite, Apt. #, etc. <b></b>		26. Suite, Apt. #, etc. <b></b>		4. FEI Number <b>59-3477508</b>	
22. City & State <b>PENSACOLA, FL.</b>		27. City & State <b>PENSACOLA, FL.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23. Zip <b>32501</b>		28. Zip <b>32581</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24. Country <b>USA</b>		29. Country <b>USA</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THAMES, WILLIAM K 125 W ROMANA ST STE 224 PENSACOLA FL 32501</b>				10. Name and Address of New Registered Agent			
				81. Name <b>MITCHEL DANTIN</b>			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>409 BUXTON WAY</b>			
				83. <b></b>			
				84. City <b>CANTONMENT</b>			
				85. Zip Code <b>FL 32533</b>			

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 *Mitchel A. Dantin* DATE **2-2-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MITCHEL A. DANTIN</b>		1.2 NAME <b></b>	
STREET ADDRESS <b>409 BUXTON WAY</b>		1.3 STREET ADDRESS <b></b>	
CITY - ST - ZIP <b>CANTONMENT, FL. 32533</b>		1.4 CITY - ST - ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	2.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		2.2 NAME <b></b>	
STREET ADDRESS <b></b>		2.3 STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>		2.4 CITY - ST - ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	3.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		3.2 NAME <b></b>	
STREET ADDRESS <b></b>		3.3 STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>		3.4 CITY - ST - ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	4.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		4.2 NAME <b></b>	
STREET ADDRESS <b></b>		4.3 STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>		4.4 CITY - ST - ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	5.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		5.2 NAME <b></b>	
STREET ADDRESS <b></b>		5.3 STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>		5.4 CITY - ST - ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		6.2 NAME <b></b>	
STREET ADDRESS <b></b>		6.3 STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>		6.4 CITY - ST - ZIP <b></b>	

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.

SIGNATURE: *Mitchel A. Dantin*

2-2-98

CR2E034 (10/97)