

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90001 042 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000004785

1. Corporation Name

SPECIALIZED PROTECTIVE SURVEILLANCE SERVICES INC

Principal Place of Business

P.O. BOX 680738
ORLANDO FL 32868

Mailing Address

P.O. BOX 680738
ORLANDO FL 32868

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1998

4. FEI Number

59-3487872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year

Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

1150 E. PLANT ST.

2a. Mailing Address

PO. Box 680738

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL.

City & State

ORLANDO, FL.

Zip

34787

Country

U.S.

Zip

32868

Country

U.S.

9. Name and Address of Current Registered Agent

**SAPP, GERALD
5413 PINE CHASE DRIVE
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81 Name

GERALD SAPP

82 Street Address (P.O. Box Number is Not Acceptable)

5236 LIME LIGHT Circle

83

84 City

ORLANDO

FL

85 Zip Code

32839

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

GERALD SAPP

9/20/99

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PRESIDENT
GERALD SAPP
5236 LIME LIGHT Circle
Orlando, FL 32839**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

1.4 CITY-ST-ZIP

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.

SIGNATURE:

GERALD SAPP

9/20/99 (407) 844-4430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



**Specialized
Protective &
Surveillance
Services**

P98000004785
619521-90001

1310 W. Colonial Dr. • Suite 27
Orlando, FL 32804
Phone (407) 849-4430
Fax (407) 870-8941

TO: DEPT. OF STATE
DIVISION OF CORPORATIONS

RE: ANNUAL REPORT FILINGS

I, GERALD SAPP, THE PRESIDENT OF
SPECIALIZED PROTECTIVE & SURVEILLANCE SERVICES
INC. NEVER RECEIVED A FIRST NOTICE
TO FILE THE ANNUAL REPORT PACKET.
I'M SURE YOUR RECORDS WILL INDICATE THE
SAME. I SPOKE TO SOMEONE IN YOUR
DEPARTMENT (ON 9/20/99 2:50 P.M.) CONCERNING
THIS MATTER.

ENCLOSED IS A BUSINESS CHECK FOR \$150.00
IF ADDITIONAL INFORMATION IS REQUIRED
PLEASE CALL 1-800-680-9115.

THANK YOU,