

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
City Hall, 100 Capitol Mall, Tallahassee, FL 32304

APPROVED
AND
FILED

95 MAY -1 PM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S51795

(0)

1. Corporation Name

FORTNEY PROTECTIVE SERVICES INC.

Principal Place of Business

**9121 N. MILITARY TRAIL #204
PALM BEACH GARDENS FL 33410**

Alternate Address

**9121 N. MILITARY TRAIL #204
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/13/1991

3a. Date of Last Report

05/01/1994

4. FFI Number

65-0265075

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FORTNEY, ROBERT B
9121 N MILITARY TRAIL #204
SUITE 204
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85.

Zip Code

11. Pursuant to the provisions of Sections 607 (902) and 607 (1504), 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 (902), Florida Statutes.

SIGNATURE

Signature of person authorized to change registered office or agent

Signature of Registered Agent (if agent is being changed)

Date

12. OFFICERS AND DIRECTORS

OFFICER	P
NAME	FORTNEY, ROBERT B
STREET ADDRESS	9121 N MILITARY TRAIL 204
CITY, ST, ZIP	PALM BCH GARDENS FL
OFFICER	S
NAME	FORTNEY, JOHN F
STREET ADDRESS	9121 N MILITARY TR 204
CITY, ST, ZIP	PALM BCH GARDENS FL
OFFICER	T
NAME	FORTNEY, GERALYN A
STREET ADDRESS	9121 N MILITARY TR 204
CITY, ST, ZIP	PALM BCH. GDNS. FL
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☒ Change ☐ Addition
6. NAME	S FORTNEY, ROBERT B.
7. STREET ADDRESS	9121 N. MILITARY TR 204
8. CITY, ST, ZIP	PALM BCH GARDENS, FL
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this Annual Report is true and correct and that I am qualified to sign this report. I further certify that the information included in this annual report is supplemental and not a part of the report and that my signature shall have the same legal effect as if it were included with the report. I am an officer or director of the corporation or the registered agent of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report as an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 407757610