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FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S71683 (4)

1. Corporation Name

SOUTHERN PROTECTIVE SYSTEMS, INC.

Principal Place of Business

3221-A W. HWY 390
PANAMA CITY FL 32405

Mailing Address

3221-A W. HWY 390
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1991

4. FEI Number

59-3079697

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SHIPP, SUSAN K
115 JENKS CIRCLE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name

Susan K. Shipp

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

211 S. Cove Terrace Drive

83

84 City

Panama City

FL

85 Zip Code
32401

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

Signature typed or printed name of registered agent and title in the space

(NOTE: Registered Agent signature required when reinstating)

3/11/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SHIPP, SUSAN K
STREET ADDRESS 115 JENKS CIRCLE
CITY-ST-ZIP PANAMA CITY FL

TITLE VP ☐ DELETE

NAME SHIPP, KENNETH W
STREET ADDRESS 115 JENKS CIRCLE
CITY-ST-ZIP PANAMA CITY FL

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 President ☒ Change ☐ Addition

1.2 NAME Susan K. Shipp
1.3 STREET ADDRESS 211 S. Cove Terrace Drive
1.4 CITY-ST-ZIP Panama City, FL 32401

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME Kenneth W. Shipp
2.3 STREET ADDRESS 211 S. Cove Terrace Drive
2.4 CITY-ST-ZIP Panama City, FL 32401

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:

3/11/98 850-785-5368

CR2E034 (10/97)