SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 11:16

DOCUMENT # **V06520** **(3)**

1. Corporation Name

BABY PROTECTORS, INC.

Principal Place of Business	Mailing Address
3120 N A1A UNIT 902 FT PIERCE FL 34949	3120 N A1A UNIT 902 FT PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1992
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business
21: 2657 S.E Gowin DR
Suite, Apt. #, etc. 22:
City & State 23: Port St. Lucie FL
Zip 24: 34952 Country 25: USA

2a. Mailing Address
26: 2657 S.E. Gowin DR.
Suite, Apt. #, etc. 27:
City & State 28: Port St. Lucie FL
Zip 29: 34952 Country 30: USA

4. FEI Number: 65-0301711 ☐ 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

WYSE, DAVID
3120 N A1A
UNIT 902
FT PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name: WYSE DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 2657 S.E Gowin DR.
83:
84 City: Port St. Lucie **FL** 85 Zip Code: 34952

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 if applicable) (NOTE: Registered Agent signature required when mailed in) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☐ Addition
NAME	WYSE, DONNA M.	12 NAME	WYSE, DONNA M	
STREET ADDRESS	3120 N A1A UNIT 902	13 STREET ADDRESS	2657 S.E. Gowin DR	
CITY ST ZIP	FT PIERCE FL	14 CITY ST ZIP	Port St. Lucie FL 34952	
TITLE	D	21 TITLE	D	☐ Change ☐ Addition
NAME	WYSE, DAVID	22 NAME	WYSE DAVID	
STREET ADDRESS	3120 N A1A UNIT 902	23 STREET ADDRESS	2657 S.E Gowin DR	
CITY ST ZIP	FT PIERCE FL	24 CITY ST ZIP	Port St. Lucie FL 34952	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donna Wyse Donna Wyse 7-17-95 407-398-9719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0171430 FP