

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837959 (6)

1. Corporation Name
PROTECTION SERVICES INC.

Principal Place of Business Mailing Address
635 LUCKNOW ROAD HARRISBURG PA 17110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/04/1977** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number **23-2001976** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

City & State City & State
23 28

6. Election Campaign Financing **\$5.00 May Be
Added to Fees**

Zip Country Zip Country
24 25 29 30

6. This corporation has liability for intangible tax under S. 198.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 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 (not title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS
NAME	MINORI, THOMAS M.
STREET ADDRESS	635 LUCKWOOD RD
CITY - ST - ZIP	HARRISBURG PA
TITLE	VD
NAME	HOLTZINGER, LEWIS T
STREET ADDRESS	635 LUCKROW RD
CITY - ST - ZIP	HARRISBURG, PA 00000
TITLE	PD
NAME	DUNMIRE, C C JR
STREET ADDRESS	635 LUCKNOW RD
CITY - ST - ZIP	HARRISBURG PA
TITLE	T
NAME	STABLER, DONALD B
STREET ADDRESS	635 LUCKNOW RD
CITY - ST - ZIP	HARRISBURG PA
TITLE	V
NAME	FRANZ, RICHARD N
STREET ADDRESS	635 LUCKNOW RD
CITY - ST - ZIP	HARRISBURG PA
TITLE	S
NAME	DANKO, DOUGLAS B
STREET ADDRESS	635 LUCKNOW RD
CITY - ST - ZIP	HARRISBURG PA

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 hereof, together with an attachment with an affidavit.

SIGNATURE:

Thomas M. Minori
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M MINORI 4/24/95 (717) 236-9367
Date Signature Herein