## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600005238

ADVANCED TECHNOLOGY OF ALABAMA, INC.

P.O. BC	)X 8	428
MOBILE	AL	36689

Principal Place of Business

Mailing Address

P.O. BOX 8428 MOBILE AL 36689

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90068 010 \*\*\*158.75



MOBILE AL 36689	MOBILE AL 36689		DO NOT WRITE IN THIS SPACE		
			<ol><li>Date Incorporated or Qualifed</li></ol>		
			10/09/1996		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
9475 Old Highway 43 South	26 Post Office Box	218	63-1004533	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State Creola, Alabama	City & State Creola, Alabama	<del></del>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 36525 25 U.S.	· - ·	intry .S.	This corporation owes the current year In Personal Property Tax.	ntangible XXYes □No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
C T CODDODATION SYSTEM		81 Name		<u> </u>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324		83			
		R4 City		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.

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 reinstating)  DATE										
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS A	VD DIRECTO	RS IN 12				
TITLE	PCD	☐ DELETE	1.1 TITLE	PCD	∑ Change	☐ Addition				
NAME	HUTCHESON. D L		1.2 NAME	HUTCHESON, D L						
STREET ADDRESS	702 MANDRELL ST.		1.3 STREET ADDRESS	14807 RIDGE ROAD		:				
CITY-ST-ZIP	MOBILE AL		1.4 CITY+ST+ZIP	SUMMERDALE, ALABAMA 36580						
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD	Change	☐ Addition				
NAME	HUTCHESON, MARY R		2.2 NAME	HUTCHESON, MARY R						
STREET ADDRESS	702 MANDRELL ST.		2.3 STREET ADDRESS	14807 RIDGE ROAD -	٠ - ٠					
CITY-ST-ZIP	MOBILE AL		2.4 CITY-ST-ZIP	SUMMERDALE, ALABAMA 36580						
TITLE	VD	☐ DELETE	3.1 TITLE		Change	☐ Addition				
NAME	HUTCHESON, JERRY R		3.2 NAME							
STREET ADDRESS	2650 HAMILTON CREEK WEST		3.3 STREET ADDRESS							
CITY-ST-ZIP	MOBILE AL		3.4. CiTY-ST-ZIP							
TITLE	TD	☐ OELETE	4.1 TITLE		Change	Addition				
NAME	HUTCHESON, MARK L		4. 2 NAME							
STREET ADDRESS	2609 GRANADA AVE		4.3 STREET ADDRESS							
CITY-ST-ZIP	MOBILE AL_		4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS			,				
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP	in Section 110 07/2\(\text{ii)}\) Florida Statutas I further ce	are about the fire	.farmatian				

4. 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, with all other like empowered.

SIGNATURE:

MINING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

334-675-2710 Daytime Phone #