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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G21960

1. Corporation Name

ATLANTIC BUILDERS, INC.

Principal Place of Business

 8351 WESTPORT RD
 JACKSONVILLE FL 32244
 US

Mailing Address

 8351 WESTPORT RD
 JACKSONVILLE FL 32244
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2331345	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

 TOWERS, JOHN B.
 8351 WESTPORT RD.
 JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81	Name	William J. Ash, III
82	Street Address (P.O. Box Number is Not Acceptable)	7800 Belfort Parkway #200
83	City	Jacksonville, FL 32256
84	State	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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AVP	1.1 TITLE	PD
NAME	SHARI K. NOLAN	1.2 NAME	William J. Ash, III
STREET ADDRESS	8351 WESTPORT RD	1.3 STREET ADDRESS	7800 Belfort Parkway #200
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	AVP	2.1 TITLE	VT
NAME	JAMES WATSON	2.2 NAME	William R. Lanus
STREET ADDRESS	8351 WESTPORT RD.	2.3 STREET ADDRESS	7800 Belfort Parkway #200
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	AVS	3.1 TITLE	VS
NAME	CHRONISTER, CORINNE	3.2 NAME	John D. Hourihan
STREET ADDRESS	8351 WESTPORT RD.	3.3 STREET ADDRESS	7800 Belfort Parkway
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	AVP	4.1 TITLE	VP S
NAME	MARK REFOSCO,	4.2 NAME	Jonathan D. Zich
STREET ADDRESS	8351 WESTPORT RD	4.3 STREET ADDRESS	7800 Belfort Parkway #200
CITY-ST-ZIP	JACKSONVILLE FL 32244	4.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

 Signature and typed or printed name of signing officer or director
 William J. Ash, III

Date

Daytime Phone #

CR2E034 (1/98)