

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90155 023 ***150.00

DOCUMENT # P95000080868

1. Corporation Name

ATLANTIC INDUSTRIES CONTRACTORS, INC.

Principal Place of Business

129 S COMMERCE AVE
SEBRING FL 33870

Mailing Address

129 S COMMERCE AVE
SEBRING FL 33870

2. Principal Place of Business

21 1726 First Street

Suite, Apt. #, etc.

22 City & State
Lake Placid, FL

23 Zip Country
33852 USA

24 33852 25 USA

2a. Mailing Address

26 1726 First Street

Suite, Apt. #, etc.

27 City & State
Lake Placid FL

28 Zip Country
33852 USA

29 33852 30 USA

9. Name and Address of Current Registered Agent

JAMES F. MCCOLLUM, P.A.
129 S COMMERCE AVE
SEBRING FL 33870

3. Date Incorporated or Qualified

10/19/1995

4. FEI Number

59-3346443

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BURY, DALE M
STREET ADDRESS 1726 FIRST ST
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE Sec.
NAME moody, Dave
STREET ADDRESS 1726 First St
CITY-ST-ZIP Lake Placid, FL 33852

TITLE V.Pres.
NAME Largent, Harvey
STREET ADDRESS 1726 First St
CITY-ST-ZIP Lake Placid, FL 33852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)