

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90189 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S19012**  
 Corporation Name

ATLAS FENCE OF FLORIDA, INC.



Principal Place of Business: 805 KAUFMAN AVENUE, FT. PIERCE FL 34950  
 Mailing Address: 805 KAUFMAN AVENUE, FT. PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/17/1990</b>		4. FEI Number <b>65-0233102</b>		Applied For <input type="checkbox"/> Not Applicable
26. Principal Place of Business		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
28. City & State		29. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
25. Zip	Country	30. Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MURPHY, BENJAMIN F.  
 180 CAMINO DEL RIO  
 PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: **Judy A. Davis**  
 82 Street Address (P.O. Box Number is Not Acceptable): **805 Kaufman Ave.**  
 83  
 84 City: **Fort Pierce** FL 85 Zip Code: **34950**

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: Judy A. Davis 6:30 99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

1. NAME	P MURPHY, BENJAMIN F.	<input checked="" type="checkbox"/> DELETE
2. STREET ADDRESS	180 CAMINO DEL RIO	
3. CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
4. NAME	T MURPHY, MILDRED V.	<input checked="" type="checkbox"/> DELETE
5. STREET ADDRESS	180 CAMINO DEL RIO	
6. CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
7. NAME	VP DAVIS, JUDY A.	<input checked="" type="checkbox"/> DELETE
8. STREET ADDRESS	805 KAUFMAN AVE.	
9. CITY-ST-ZIP	FT. PIERCE FL 34950	
10. NAME		<input type="checkbox"/> DELETE
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	PST	
1.2 NAME	Judy Davis	
1.3 STREET ADDRESS	805 Kaufman Ave	
1.4 CITY-ST-ZIP	fort pierce fl 34950	
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		

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.

SIGNATURE: SIGNATURE REQUIRED 6:30 99 / 561 461 6190  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

01/25/99

CR2E034 (5/99)