Entity Name: APPLIED TECHNOLOGY & MANAGEMENT OF NORTH CAROLINA, INC.	
Current Principal Place of Business:	

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

411 PABLO AVE JACKSONVILLE, FL 32250

## **Current Mailing Address:**

DOCUMENT# P97000106393

5550 NW 111TH BLVD GAINESVILLE, FL 32653

## FEI Number: 59-2413268

## Name and Address of Current Registered Agent:

SWANN, STEPHEN C 5550 NW 11TH BLVD GAINESVILLE, FL 32653 US Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	STEPHEN C. SWANN			01/12/2015
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	DIRECTOR	Title	PRES	
Name	SWANN, STEPHEN C	Name	PHLEGAR, SAMUEL	
Address	411 PABLO AVE	Address	260 WEST COLEMAN BLVD A	
City-State-Zip:	JACKSONVILLE FL 32250	City-State-Zip:	MT. PLEASANT SC 29464	
Title	D			
Name	MASON, TIMOTHY P			
Address	276 BEACH HILL LANE			
City-State-Zip:	MT. PLEASANT SC 29464			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN C SWANN

DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Jan 12, 2015 Secretary of State CC9126664086