SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **171067** **(2)**

1. Corporation Name
ATLANTIC HOME IMPROVEMENT CORPORATION

Principal Place of Business	Mailing Address
925 WEST ADAMS ST. P. O. BOX 4786 JACKSONVILLE FL 32201	925 WEST ADAMS ST. P. O. BOX 4786 JACKSONVILLE FL 32201

2. Principal Place of Business 21 2940 MERCURY ROAD	2a. Mailing Address 26 2940 MERCURY ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL 32207	City & State 28 Jacksonville, FL 32207
Zip / Country 24 32207 / 25 USA	Zip / Country 29 32207 / 30 USA

3. Date Incorporated or Qualified: 11/07/1952
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-0697535 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLOOM,A J
1157 NORWICH RD
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: A.J. BLOOM
82 Street Address (P.O. Box Number is Not Acceptable): 1157 NORWICH ROAD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32207

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] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 6-21-96

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLOOM, A J 1157 NORWICH ROAD JACKSONVILLE, FL 00000	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BLOOM, MALCOLM DAVID 2753 THRONWOOD LANE JACKSONVILLE, FL 00000	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOOM, N 1157 NORWICH ROAD JACKSONVILLE, FL 00000	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6-21-96 904-731-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #