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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 372596

(7)

ATLANTIC TECHNICAL SERVICES CORPORATION

Principal Place of Business Mailing Address 7807 VILLAGE GREEN DRIVE WINTER PARK FL 32782 7807 VILLAGE ØREEN DRIVE WINTER PARK TL 32792-9258 3. Date Incorporated or Qualified 3a. Date of Last Report 11/10/1970 03/26/1996 2. Principal Place of Business Mailing Address Applied For 21695 2169 SUSSEX RD 26 59-1305441 Not Applicable Suite, Apt. # etc Suite, Apt. #, etc \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be PARK, FL PARK, WINTER WINTER 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032. 32792 Florida Statutes Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALKER,E L 7007-VILLAGE GREEN SING Street Address (P.O. Box Number is Not Acceptable) 82 WINTER PARK FL 32792 CHANCED 83 A DDAKES O NLY 84 City 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. SIGNATURE Signature, type://or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) TITLE DELETE 1.1 TITLE Change Addition WALKER, ESCHOL NAME 1.2 NAME 2169 SUSSER RD WINTER PARK FL STREET ADDRESS 1.3 STREET ADDRESS CHY-S1-ZIP 1.4 CITY-ST-ZIP THLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY- ST- ZIP 2. 4 CHTY - ST - ZIP DELETE TITLE 3.1 TITLE Addition Change NAMé 3.2 NAME STHEET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-S*-702 4.4 City-St-7IP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

6.4 CITY - ST - ZIP

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

SIGNATURE:

CHTY - ST - ZIP

STREET ADDRESS

City - S1 - ZIP

TITLE

NAME

TACHELDIAMS GUIRED

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3/3/97

407 657 8548

Change

Addition

FILED

May 12 1997 8:00am

Secretary of State