

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 30 AM 9:10**

**DOCUMENT # 432305**

**(1)**

1. Corporation Name

**ATCO, INC.**

Principal Place of Business

**PO BOX 698  
SARASOTA FL 34230**

Mailing Address

**PO BOX 698  
SARASOTA FL 34230**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/08/1973**

3a. Date of Last Report

**04/06/1994**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

4. FEI Number

**59-1483984**

Applied For

Not Applicable

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

**23**

City & State

**28**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

**24**

Country

**25**

Zip

**29**

Country

**30**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, BURT K  
3815 N. OSPREY AVE.  
SARASOTA FL 34234**

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)

(If 111, Registered Agent signature required when completing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>PDS</b>                  |
| NAME           | <b>ROGERS, BURT K.</b>      |
| STREET ADDRESS | <b>3815 N. OSPREY AVE.</b>  |
| CITY- ST- ZIP  | <b>SARASOTA, FL 00000</b>   |
| TITLE          | <b>V</b>                    |
| NAME           | <b>MILHOLLAND, JACK JR.</b> |
| STREET ADDRESS | <b>3815 N. OSPREY AVE.</b>  |
| CITY- ST- ZIP  | <b>SARASOTA, FL 00000</b>   |
| TITLE          | <b>VAS</b>                  |
| NAME           | <b>ELWELL, ALAN M.</b>      |
| STREET ADDRESS | <b>3815 N. OSPREY AVE.</b>  |
| CITY- ST- ZIP  | <b>SARASOTA FL</b>          |
| TITLE          | <b>V</b>                    |
| NAME           | <b>HRIL, MICHAEL</b>        |
| STREET ADDRESS | <b>3815 N. OSPREY AVE.</b>  |
| CITY- ST- ZIP  | <b>SARASOTA FL</b>          |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY- ST- ZIP  |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY- ST- ZIP  |                             |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 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  |                                                                   |

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 this corporation or the receiver or trustee or assignee of this corporation or the receiver or trustee or assignee of this corporation, and that my name appears on Block 12 or Block 13 of this report, or on an addendum with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR