

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90036 044 ****61.25

DOCUMENT # 742610

1. Entity Name

ACTT, INCORPORATED OF MADISON

Principal Place of Business

P.O. BOX 576
MADISON FL 32340

Mailing Address

P.O. BOX 576
MADISON FL 32340

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1859208**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYNN, ALMA MCKINNEY
ROUTE 3 BOX 737
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D FRANKLIN, MAXINE**
STREET ADDRESS **MOSLEY HALL ROAD**
CITY-ST-ZIP **MADISON FL**

TITLE ☐ Delete
NAME **D WILKINS, THEOLA**
STREET ADDRESS **508 SW MACON ST**
CITY-ST-ZIP **MADISON FL**

TITLE ☒ Delete
NAME **D MCKINNEY, IRENE**
STREET ADDRESS **603 FRALEIGH ST.**
CITY-ST-ZIP **MADISON FL**

TITLE ☐ Delete
NAME **TD BERNICE, JOSEPH**
STREET ADDRESS **600 SW DADE STREET**
CITY-ST-ZIP **MADISON FL 32340**

TITLE ☐ Delete
NAME **PD NICHOLSON, VALENTINE**
STREET ADDRESS **605 SMITH ST**
CITY-ST-ZIP **MADISON FL**

TITLE ☐ Delete
NAME **D GRANT, ESTHER**
STREET ADDRESS **1310 SE STEPHENS ST**
CITY-ST-ZIP **MADISON FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D Alma M. Wynn**
STREET ADDRESS **7016 Havana Highway**
CITY-ST-ZIP **Havana, FL 32333**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Valentine A. Nicholson *Valentine A. Nicholson* 01/18/02

850-973-6627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)