

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000000716 (1)

1. Corporation Name

ADVANTOR CORPORATION



Principal Place of Business

6101 LAKE ELLENOR DR.
ORLANDO FL 32809

Mailing Address

6101 LAKE ELLENOR DR.
ORLANDO FL 32809

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

03/01/1993

3a. Date of Last Report

03/24/1995

4. FEI Number

58-2028229

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

ROLLINS, FRED A
6101 LAKE ELLENOR DRIVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name TERRY L. McCollough II, Esq.
82 Street Address P.O. Box Number is Not Acceptable
538 EAST WASHINGTON STREET
83
84 City ORLANDO, FL 85 Zip Code 32801

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

Terry L. McCollough II

4/19/96

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|--------------------|-------------------------|---------------------|---------------------------------|
| CDP | FLEMMING, HARRY S | 424 NO. WASHINGTON ST | ALEXANDRIA VA 22314 | |
| DVS | LANDIS, JANE A | 424 NO. WASHINGTON ST | ALEXANDRIA VA 22314 | |
| V | ROLLINS, FRED A | 6101 LAKE ELLENOR DRIVE | ORLANDO FL 32809 | |
| T | CLIFTON, RICHARD W | 6101 LAKE ELLENOR DRIVE | ORLANDO FL 32809 | |
| VP | WHIRLEY, JEFFREY J | 6101 LAKE ELLENOR DR. | ORLANDO FL | |
| VP | HALEY, MARY E | 6101 LAKE ELLENOR DR. | ORLANDO FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|-----------|---------------------|------------------------|-----------------------|--|
| VP | FLEMMING, H. TODD | 6101 LAKE ELLENOR DR. | ORLANDO, FL 32809 | |
| VP | HARRY LEE | 6101 LAKE ELLENOR DR. | ORLANDO, FL 32809 | |
| VP | TIDMORE, RANDALL L. | 424 NO. WASHINGTON ST. | ALEXANDRIA, VA. 22314 | |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jane A. Landis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

DATE

407/859-3250

DAYTIME PHONE #

CR2E034 (12/95)