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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90189 038 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000716

1. Corporation Name

ADVANTOR CORPORATION

Principal Place of Business

**6101 LAKE ELLENOR DR
ORLANDO FL 32809
US**

Mailing Address

**424 NO. WASHINGTON ST.
ALEXANDRIA VA 22314**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 19926

Suite, Apt. #, etc.

27

City & State

28 ALEXANDRIA, VA

Zip

29 22320-0926

Country

30 US

24

25

9. Name and Address of Current Registered Agent

**TERRY L. MCCOLLOUGH, ESQ.
538 EAST WASHINGTON ST
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

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

400 NORTH FERNCREAK AVENUE

83

84 City

ORLANDO,

FL

85

Zip Code

32803

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **FLEMMING, HARRY S**
STREET ADDRESS **424 NO. WASHINGTON ST**
CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE **DVS** ☐ DELETE
NAME **LANDIS, JANE A**
STREET ADDRESS **424 NO. WASHINGTON ST**
CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE **V** ☐ DELETE
NAME **ROLLINS, FRED A**
STREET ADDRESS **6101 LAKE ELLENOR DRIVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **VPT** ☐ DELETE
NAME **CLIFTON, RICHARD W**
STREET ADDRESS **6101 LAKE ELLENOR DRIVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **P** ☐ DELETE
NAME **FLEMMING, H T**
STREET ADDRESS **6101 LAKE ELLENOR DR.**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **VP** ☐ DELETE
NAME **HALEY, MARY E**
STREET ADDRESS **6101 LAKE ELLENOR DR.**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **CHUCK PERKINSON**
1.3 STREET ADDRESS **6101 LAKE ELLENOR DR.**
1.4 CITY-ST-ZIP **ORLANDO, FL 32809**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Jane A. Landis **JANE A. LANDIS**

3/3/99

703/544-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)