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PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # F9300000718 (7)

ADVANTOR SERVICE CORPORATION

Principal Place of Business Mailing Address

6101 LAKE ELLENOR DR 424 NO. WASHINGTON STREET ORLANDO FL 32809 ALEXANDRIA VA 22314

US

FILED Apr 13 1998 8:00am Secretary of State



CR2E034

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1993 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-3166573 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Z_ip 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCCOLLOUGH, TERRY L. ESQ **538 EAST WASHINGTON STREET** 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 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, typed or prioted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition CHAIRMAN) DIRECTOR NAME FLEMMING, HARRY S 1.2 NAME 424 NO WASHINGTON ST STREET ADDRESS 1.3 STREET ADDRESS **ALEXANDRIA VA 22314** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LANDIS, JANE A NAME 22 NAME 424 NO WASHINGTON ST STREET ADDRESS 2.3 STREET ADDRESS ALEXANDRIA VA 22314 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CLIFTON, RICHARD N NAME 3.2 NAME **6101 LAKE ELLENOR DRIVE** STREET ADDRESS 3 3 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Addition DRESIDENT Change H. TODD FLEHHING NAME 4. 2 NAME 6101 LAKE ElleNOR DR. STREET ADDRESS 4.3 STREET ADDRESS 32809 4.4 CITY - ST - ZIP CITY-ST-ZIP ORLANDO, DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 suppliemental 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.

JANE CANDIS

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