

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90189 036 ***150.00

DOCUMENT # F93000000718

1. Corporation Name

ADVANTOR SERVICE CORPORATION

Principal Place of Business

6101 LAKE ELLENOR DR
ORLANDO FL 32809
US

Mailing Address

424 NO. WASHINGTON STREET
ALEXANDRIA VA 22314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1993

4. FEI Number

59-3166573

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.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 19926

27 Suite, Apt. #, etc.

28 City & State

ALEXANDRIA VA

29 Zip Country

20320 20-0926 30 US

9. Name and Address of Current Registered Agent

MCCOLLOUGH, TERRY L. ESQ
538 EAST WASHINGTON STREET
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 T ☐ DELETE
NAME CLIFTON, RICHARD N
STREET ADDRESS 6101 LAKE ELLENOR DRIVE
CITY-ST-ZIP ORLANDO FL 32809

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

703/549-3900

Date

Daytime Phone #

CR2E034 (11/98)