


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

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90013 022 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000001715					
1. Corporation Name ATS, INC. OF MISSISSIPPI					
Principal Place of Business 9503 LAMAR AVENUE P.O. BOX 36 OLIVE BRANCH MS 38654			Mailing Address 9503 LAMAR AVENUE P.O. BOX 36 OLIVE BRANCH MS 38654		
2. Principal Place of Business 21 3900 NORTHWOODS DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 3900 NORTHWOODS DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/10/1995	
22		27		4. FEI Number 65-0778925 Applied For <input type="checkbox"/> Not Applicable	
City & State 23 ARDEN HILLS, MN Zip Country 24 55112 25		City & State 28 ARDEN HILLS, MN Zip Country 29 55112 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PSTD <input type="checkbox"/> DELETE				
NAME	WARE, SAMUEL L				
STREET ADDRESS	9503 LAMAR AVENUE, P.O. BOX 36				
CITY-ST-ZIP	OLIVE BRANCH FL 38654				
TITLE	D <input type="checkbox"/> DELETE				
NAME	WARE, SAMUEL L J				
STREET ADDRESS	9503 LAMAR AVE., PO BOX 36				
CITY-ST-ZIP	OLIVE BRANCH MS				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #