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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90013 022 \*\*\*550.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # F95000001715

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

ATS, INC. OF MISSISSIPPI

Principal Place of Business Mailing Address		
		1 (C#41 A11) 1AA+
9503 LAMAR AVENUE         9503 LAMAR AVENUE           P.O. BOX 36         P.O. BOX 36           OLIVE BRANCH MS 38654         DO NOT WRITE IN	THIS SPACE	
3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number		
	<del></del>	oplied For
21 3900 NORTHWOODS DRIVE 26 3900 NORTHWOODS DRIVE 65-0778925  Suite, Apt. #, etc. Suite, Apt. #, etc.		ot Applicable Ad <del>ditional</del>
5. Certificate of Status Desired ☐	•	equired
City & State City & State 6. Election Campaign Financing		May Be
23 ARDEN HILLS, MN 28 ARDEN HILLS, MN Trust Fund Contribution		to Fees
Zip Country Zip Country 8. This corporation owes the current ye	ear Intangible	
24 55112 25 29 55112 30 Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Register	tered Agent	
81 Name		
C T CORPORATION SYSTEM  82 Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD		
PLANTATION FL 33324		
84 City	85 Zip (	Code
. Othy	FL   "   Z	<b></b>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpo 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	se of changing its appointment as re	registered gistered
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DA		NOC IN 42
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  TITLE  PSTD  DELETE  11 TITLE		DRS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  TITLE  PSTD  VARE, SAMUEL L  12 NAME	RS AND DIRECTO	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER TITLE  PSTD  DELETE  1: TITLE  NAME  WARE, SAMUEL L  STREET ADDRESS  9503 LAMAR AVENUE, P.O. BOX 36  1: 3 STREET ADDRESS	RS AND DIRECTO	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  TITLE  NAME  WARE, SAMUEL L  STREET ADDRESS  9503 LAMAR AVENUE, P.O. BOX 36  CITY-ST-ZIP  OLIVE BRANCH FL 38654  14 CITY-ST-ZIP	RS AND DIRECTO	☐ Addition
Signature, typed or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  TITLE  PSTD  DELETE  13. ADDITIONS/CHANGES TO OFFICER  11 TITLE  NAME  WARE, SAMUEL L  STREET ADDRESS  OLIVE BRANCH FL 38654  14 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE	RS AND DIRECTO	
Signature, typed or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  TITLE  PSTD  DELETE  1:1 TITLE  WARE, SAMUEL L  1:2 NAME  STREET ADDRESS  OLIVE BRANCH FL 38654  1:4 CITY-ST-ZIP  TITLE  D  DELETE  2:1 TITLE  NAME  WARE, SAMUEL L J  2:2 NAME	RS AND DIRECTO	☐ Addition
Signature, typed or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  TITLE  PSTD  DELETE  11 TITLE  NAME  WARE, SAMUEL L  STREET ADDRESS  CITY-ST-ZIP  OLIVE BRANCH FL 38654  14 CITY-ST-ZIP  TITLE  D  DELETE  21 TITLE  NAME  WARE, SAMUEL L J  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  9503 LAMAR AVE., PO BOX 36  22 NAME  STREET ADDRESS  9503 LAMAR AVE., PO BOX 36  23 STREET ADDRESS	RS AND DIRECTO	☐ Addition
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE PSTD DELETE 11 TITLE  NAME WARE, SAMUEL L STREET ADDRESS OLIVE BRANCH FL 38654 114 CITY-ST-ZIP TITLE D DELETE 21 TITLE  NAME WARE, SAMUEL L 12 NAME  TITLE D DELETE 21 TITLE  NAME WARE, SAMUEL L 22 NAME  STREET ADDRESS OLIVE BRANCH FL 38654 114 CITY-ST-ZIP  TITLE D DELETE 21 TITLE  NAME WARE, SAMUEL L J 22 NAME  STREET ADDRESS 9503 LAMAR AVE., PO BOX 36 22 NAME  STREET ADDRESS OLIVE BRANCH MS 22 NAME  TITLE D DELETE 31 TITLE  NAME 32 NAME  STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP OLIVE BRANCH MS 32 NAME  STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 31 TITLE  NAME 32 NAME  STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 31 STREET ADDRESS CITY-ST-ZIP	RS AND DIRECTO Change Change	☐ Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE PSTD DELETE 11 TITLE  NAME WARE, SAMUEL L STREET ADDRESS CITY-ST-ZIP TITLE D NAME WARE, SAMUEL L 12 NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME WARE, SAMUEL L 22 NAME TITLE D NAME WARE, SAMUEL L 14 CITY-ST-ZIP TITLE D NAME WARE, SAMUEL L J 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME WARE, SAMUEL L J 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME WARE, SAMUEL L J 23 STREET ADDRESS CITY-ST-ZIP TITLE D TIT	RS AND DIRECTO Change Change	Addition
Signature Typed or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS    TITLE	RS AND DIRECTO Change Change	Addition
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER TITLE PSTD DELETE : I TITLE  NAME WARE, SAMUEL L  STREET ADDRESS  CITY-ST-ZIP  TITLE D  WARE, SAMUEL L J  STREET ADDRESS  OLIVE BRANCH FL 38654 14 CITY-ST-ZIP  TITLE D  NAME WARE, SAMUEL L J  STREET ADDRESS  CITY-ST-ZIP  TITLE D  OLIVE BRANCH MS 2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE D  TITLE D  OLIVE BRANCH MS 2.4 CITY-ST-ZIP  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE J1 TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  AL CITY-ST-ZIP  STREET ADDRESS  AL CITY-STREET ADDRESS	RS AND DIRECTO Change Change	Addition
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Signature, Nyaed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating).   DA	Change	Addition Addition
Signature, typed or printed name of registrers agent and Libe if applicable. (NOTE: Registered Agent agrature required when reinstating)   DA	Change  Change	Addition Addition Addition Addition

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 dath; 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.