

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003478 (3)

1. Corporation Name

MID ATLANTIC TANK INSPECTION SERVICE, INC.



Principal Place of Business

RR 12, BOX 918
TALLAHASSEE FL 32310

Mailing Address

RR 12, BOX 918
TALLAHASSEE FL 32310

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

g. Name and Address of Current Registered Agent

KISER, GREGORY T
RR 12, BOX 918
TALLAHASSEE FL 32310

3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

4. FEI Number

54-1675260

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

Signature of Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BOLEY, LAJANE J
2068 DOLINA DR
VIRGINIA BEACH VA 23464

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VST
BOLEY, GARY G
2068 DOLINA DR
VIRGINIA BEACH VA 23464

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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NAME
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 804 497-7853