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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **F95000004060 (8)**

1. Corporation Name

**J.P. ATKINSON & ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 11490 COMMERCE PARK DR., STE. 350<br>RESTON VA 22091 | 11490 COMMERCE PARK DR., STE. 350<br>RESTON VA 22091 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified: 08/22/1995
3a. Date of Last Report: N/A
4. FEI Number: 54-1718884 ☐ 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

**9. Name and Address of Current Registered Agent**

SHAN, ARNOLD A
1451 WEST CYPRESS CREEK RD., STE. 300
FT. LAUDERDALE FL 33309

**10. Name and Address of New Registered Agent**

81 Name: Donald R. Thrasher
82 Street Address (P.O. Box Number is Not Acceptable): 2400 East Commercial Boulevard
83: Suite 440
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33308

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: Donald R. Thrasher DONALD R. THRASHER BRANCH MANAGER 4-23-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | CP | ☐ DELETE | 1.1 TITL | ☐ Change ☐ Addition |
| NAME | ATKINSON, JAMES P | | 1.2 NAM | |
| STREET ADDRESS | 11490 COMMERCE PARK DR., STE. 350 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | RESTON VA 22091 | | 1.4 CITY ST-ZIP | |
| TITLE | DVS | ☐ DELETE | 2.1 TITL | ☐ Change ☐ Addition |
| NAME | MARTINEZ, CARMEN | | 2.2 NAM | |
| STREET ADDRESS | 11490 COMMERCE PARK DR., STE. 350 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | RESTON VA 22091 | | 2.4 CITY ST-ZIP | |
| TITLE | TD | ☐ DELETE | 3.1 TITL | ☐ Change ☐ Addition |
| NAME | LOCKE, JOHN A | | 3.2 NAM | |
| STREET ADDRESS | 11490 COMMERCE PARK DR., STE. 350 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | RESTON VA 22091 | | 3.4 CITY ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITL | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAM | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITL | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAM | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITL | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAM | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** [signature] 4/22/96 703-716-5722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #