

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000005210 (7)

1. Corporation Name

ATLANTIC MANAGEMENT CENTER, INC.



Principal Place of Business

Mailing Address

1901 N. BEAUREGARD STREET, SUITE 503
ALEXANDRIA VA 22311

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ALEXANDRIA VA 22311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

54-1260528

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 6066 Leesburg Pike

Suite, Apt. #, etc.

22 Suite 700

City & State

23 Falls Church, VA

Zip

Country

24 22041

25

2a. Mailing Address

26 6066 Leesburg Pike

Suite, Apt. #, etc.

27 Suite 700

City & State

28 Falls Church, VA

Zip

Country

29 22041

30

9. Name and Address of Current Registered Agent

JOHNSON, ROSE
11006 CITRON COURT
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11877 Swooping Willow Road

83

84 City

Jacksonville

FL

85 Zip Code

32223

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 date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME PHILLIPS, GLORIA E
STREET ADDRESS 11101 SWEETWOOD LANE
CITY-ST-ZIP OAKTON VA 22124 ☐ DELETE

TITLE VCV
NAME HOFFMANN, GERARD C
STREET ADDRESS 8575 FORSYTHIA ST.
CITY-ST-ZIP SPRINGFIELD VA 22150 ☐ DELETE

TITLE SD
NAME PARSONS, DONALD S JR
STREET ADDRESS 11101 SWEETWOOD LANE
CITY-ST-ZIP OAKTON VA 22124 ☐ DELETE

TITLE TD
NAME KELLEY, FREDERICK J
STREET ADDRESS 532 FT. WILLIAMS PKWY
CITY-ST-ZIP ALEXANDRIA VA 22304 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS P.O. Box 609
1.4 CITY-ST-ZIP Berryville, VA 22611 (N/A) ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS P.O. Box 609
3.4 CITY-ST-ZIP Berryville, VA 22611 (N/A) ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

CR2E034 (10/97)