

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **FG7000004252**
1. Corporation Name
Atlas Marketing Co., Inc.

Principal Place of Business
Mailing Address

2. Principal Place of Business 21 2740 E. Harris Blvd. Suite, Apt. #, etc. 22 City & State 23 Charlotte, NC Zip 24 28213 Country 25 USA	2a. Mailing Address 26 17855 N. Dallas Pkwy Suite, Apt. #, etc. 27 City & State 28 Dallas, TX Zip 29 75287 Country 30 USA
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9. Name and Address of Current Registered Agent
Fred Manning
3016 Hwy 301 North, Suite 100
Tampa, Florida 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1/1/97	4. FEI Number 56-0942690	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		

10. Name and Address of New Registered Agent

81 Name 000002654000	
82 Street Address (P.O. Box Number is Not Acceptable) 10702758-01020-009	
83 ***550.00	
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 type does not permit name of registered agent and title, if applicable) (If Off. Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☒ Addition
NAME		12 NAME	John P. Rochon
STREET ADDRESS		13 STREET ADDRESS	Chairman of the Board
CITY-ST-ZIP		14 CITY-ST-ZIP	17855 N. Dallas Parkway
TITLE	☐ DELETE	21 TITLE	☐ Change ☒ Addition
NAME		22 NAME	President / CEO
STREET ADDRESS		23 STREET ADDRESS	Ronald D. Pedersen
CITY-ST-ZIP		24 CITY-ST-ZIP	17855 N. Dallas Parkway
TITLE	☐ DELETE	31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	Chief Financial Officer
STREET ADDRESS		33 STREET ADDRESS	Timothy M. Byrd
CITY-ST-ZIP		34 CITY-ST-ZIP	17855 N. Dallas Parkway
TITLE	☐ DELETE	41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	Vice President
STREET ADDRESS		43 STREET ADDRESS	Nick G. Bouvay
CITY-ST-ZIP		44 CITY-ST-ZIP	17855 N. Dallas Parkway
TITLE	☐ DELETE	51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	Vice President / Secretary
STREET ADDRESS		53 STREET ADDRESS	Gary R. Guffey
CITY-ST-ZIP		54 CITY-ST-ZIP	17855 N. Dallas Parkway
TITLE	☐ DELETE	61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	Vice President / Treasurer
STREET ADDRESS		63 STREET ADDRESS	William P. Murray
CITY-ST-ZIP		64 CITY-ST-ZIP	17855 N. Dallas Parkway

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.

SIGNATURE: **R.D. Pedersen** **9/23/98 (97)349-6283**

CR2E034 (5/98)