

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H50039

(7)

1. Corporation Name

ATLAS SOUTHERN CORPORATION

Principal Place of Business

122 APPELYARD DR., W.G. MCKENZIE, SR.  
PO BOX 1200  
TALLAHASSEE FL 32302

Mailing Address

122 APPELYARD DR., W.G. MCKENZIE, SR.  
PO BOX 1200  
TALLAHASSEE FL 32302-1200

3. Date Incorporated or Qualified

04/02/1985

3a. Date of Last Report

03/08/1996

4. FEI Number

59-2539844

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

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 PO BOX 938

22 City & State

27 Tallahassee, Florida

23 Zip

Country

28 32302

30 USA

9. Name and Address of Current Registered Agent

MCKENZIE, W. GUY, SR.  
122 APPELYARD DR.  
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name

Thomas F. Panebianco

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

4412 West Pensacola Street

83

84 City

Tallahassee,

FL

85 Zip Code  
32304

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]*

3/5/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCKENZIE, W. GUY, SR.	
STREET ADDRESS	4124 COVENANT LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	LANDRUM, ROBERT G JR	
STREET ADDRESS	1917 WILLOW RUN	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PANEBIANCO, THOMAS F.	
STREET ADDRESS	7007 ALHAMBRA DR.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

(904) 575-1213

CR2E034 (9/96)