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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90008 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J49212

1. Corporation Name
VAN ATTA ASSOCIATES, INC.



Principal Place of Business

**215 MOUNTAIN DRIVE
DESTIN FL 32541
US**

Mailing Address

**PO BOX 456
910 AIRPORT RD., SUITE A-3
DESTIN FL 32540
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1986

4. FEI Number

59-2782877

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 407 SPRING LANE

Suite, Apt. #, etc.

22

City & State

23 DESTIN, FL

Zip

24 32541 25 U.S.A.

2a. Mailing Address

26 P.O. BOX 456

Suite, Apt. #, etc.

27

City & State

28 DESTIN, FL

Zip

29 32540 30 U.S.A.

9. Name and Address of Current Registered Agent

**VAN ATTA, C. F.
215 MOUNTAIN DR
SUITE 103
DESTIN FL 32541**

**CHANGE IN
ADDRESS
ONLY**

10. Name and Address of New Registered Agent

81

Name

VAN ATTA, C. F.

82

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

407 SPRING LANE

83

84

City

DESTIN

FL

85

Zip Code

32541

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

C. F. Van Atta

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PST**
STREET ADDRESS **VAN ATTA, C. F.**
CITY-ST-ZIP **407 SPRING LANE
DESTIN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REFERENCE

2-20-99

850.837-2882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)