

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J66090** (8)

1. Corporation Name
A-1 TENT, INC.



Principal Place of Business

**237 INTERSTATE BLVD
SARASOTA FL 34240**

Mailing Address

**237 INTERSTATE BLVD
SARASOTA FL 34240**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**FITZGIBBONS, THOMAS M.
1800 2ND ST
STE 880
SARASOTA FL 34236**

3. Date Incorporated or Qualified
04/02/1987

3a. Date of Last Report
03/31/1995

4. FEIN Number

59-2802982

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.1103, 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 607.04(2), Florida Statutes.

SIGNATURE

Signature typed or printed name of signing officer or director

Signature typed or printed name of signing officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD
TROYER, BETTIE
237 INTERSTATE BLVD
SARASOTA FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(9)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplied on an 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 637, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *Bettie Troyer* BETTIE TROYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 18, 1996 (941)377-6370
Date Filing Office #

CR2E034 (12/95)