

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:43

DOCUMENT # **J72753** (3)

1. Corporation Name

ATLANTIC COAST FLEET SERVICE, INC.

Principal Place of Business

**2041 SW 70TH AVE., #022
DAVE FL 33317**

Mailing Address

**2041 SW 70TH AVE., #022
DAVE FL 33317**

(Do not write in this space)

3. Date incorporated or qualified 05/14/1987	3a. Date of Last Report 05/01/1994
4. FET Number 59-2624318	Applied Fee Not Applicable
5. Certificate of Status (checked) ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☒	\$5.00 May Be Added to Fees
8. This corporation has failed to file its report as required by Florida Statutes. ☒	

2. Principal Place of Business	2b. Mailing Address
21. 4720 NW 15th Ave.	26. 4720 N.W. 15th Ave
State, Apt. #, etc.	State, Apt. #, etc.
22. FL	27. FL
City & State	City & State
23. Ft. Lauderdale, FL	28. Ft. Lauderdale, FL
Zip	Zip
24. 33309	29. 33309
Country	Country
25. USA	30. USA

9. Name and Address of Current Registered Agent

**HAMMOND, FRANK
2041 SW 70TH AVE., #022
DAVE FL 33317**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number or Not Applicable)	
83. City & State	
84. Zip	
85. State	FL

11. The agent, in the presence of Sections 607 (2)(b) and 607 (5)(b), Florida Statutes, has given notice to the corporation to submit the statement for the corporation's report as required by law 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 for the corporation.

SIGNATURE

(Signature of Registered Agent or Officer of Corporation)

(Signature of Agent or Officer of Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	D HAMMOND, FRANK L.	NAME	
STREET ADDRESS	2542 GULFSTREAM LN.	STREET ADDRESS	
CITY & STATE	FT. LAUDERDALE FL	CITY & STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
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CITY & STATE		CITY & STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption of the corporation from the filing of the report as required by law 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 for the corporation.

SIGNATURE:

Frank L. Hammond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

2-21-95

306-772-0008