

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J80687 (3)

1. Corporation Name

ADVANCED TRAINING CONCEPTS, INC.



Principal Place of Business

107 W. INDIANA AVE.
DELAND FL 32720-4209
US

Mailing Address

107 W. INDIANA AVE.
DELAND FL 32720-4209
US

2. Principal Place of Business

21 131 N. WOODLAND BLVD
Suite, Apt. #, etc.

22 City & State
DELAND, FLORIDA

24 Zip 32720 25 Country VOLUSIA

2a. Mailing Address

26 131 N. WOODLAND BLVD
Suite, Apt. #, etc.

27 City & State
DELAND, FL.

29 Zip 32720 30 Country VOLUSIA

3. Date Incorporated or Qualified
06/26/1987

3a. Date of Last Report
05/01/1995

4. F.E.I. Number
63-8908450

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

9. Name and Address of Current Registered Agent

BARDEEN, ANITA M.
715 PINE TREE CT.
DELAND FL 32724

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 607.0502 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

Anita M. Bardeen

(NOTE: Registered Agent Signature Required when Relinquishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARDEEN, ANITA M.
STREET ADDRESS 715 PINE TREE CT.
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE D
NAME BARDEEN, MYRNA M.
STREET ADDRESS 715 PINE TREE CT.
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE D
NAME BARDEEN, ERIC A.
STREET ADDRESS 715 PINE TREE CT.
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE ☐ DELETE
NAME
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Anita M. Bardeen *Myrna M. Bardeen* 4/29/96 (904) 738-1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone:

CR2E034 (12/95)