

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J94078 (9)

1. Corporation Name

ATIC, INC.



Principal Place of Business

Mailing Address

% MARSHALL D. DAVIS, ESQ.
9958 SISSON DR.
JACKSONVILLE FL 32218

% MARSHALL D. DAVIS, ESQ.
9958 SISSON DR.
JACKSONVILLE FL 32218

2. Principal Place of Business

2a. Mailing Address

21. Subd. Apt. #, etc.

26. Subd. Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

DAVIS, MARSHALL D., ESQ.
233 E. BAY ST
620 BLACKSTONE BLDG
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

09/21/1987

3a. Date of Last Report

03/09/1995

4. FEI Number

59-2834788

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0109 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 of person who is authorized to sign this statement)

(Not to be signed Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MINCHEW, BOBBY L.	
STREET ADDRESS	9958 SISSON DRIVE	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	DS	☐ DELETE
NAME	MINCHEW, LINDA	
STREET ADDRESS	9958 SISSON DR.	
CITY, ST, ZIP	JACKSONVILLE FL	
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 on an attachment with an address.

SIGNATURE: Bobby L. Minchew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 (904) 757-1088
Date of Filing #

CR2E034 (12/95)