

CERTIFIED RECEIPT # P 862 646 297
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL 20 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J96618 (0)

1. Corporation Name

ATA MAINTENANCE, INC.

Principal Place of Business

1722 HANGAR ROAD
BLDG. 147
SANFORD FL 32773
US

Mailing Address

P.O. BOX 2701
SANFORD FL 32772-2701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/09/1987

3a. Date of Last Report
08/17/1994

4. FEI Number
59-2880981

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OTTO, TED A.
113 ODHAM DRIVE
SANFORD FL 32773**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
788 Creekwater Terrace Apt. # 708

83

84 City **Lake Mary**

FL

85 Zip Code
32746

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **OTTO, TED ALAN**
STREET ADDRESS **788 CREEKWATER TERRACE, APT. 708**
CITY - ST - ZIP **LAKE MARY FL**

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

TITLE **VD**
NAME **OTTO, KENNETH W.**
STREET ADDRESS **6 PALMETTO DRIVE**
CITY - ST - ZIP **DEBARY FL**

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

TITLE **TD**
NAME **OTTO, TED ALAN**
STREET ADDRESS **788 CREEKWATER TERRACE, APT. 708**
CITY - ST - ZIP **LAKE MARY FL**

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

TITLE **SD**
NAME **OTTO, BARBARA**
STREET ADDRESS **6 PALMETTO DR**
CITY - ST - ZIP **DEBARY FL**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kenneth W. Otto**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Otto

7-17-95 (401) 321-6886

Date

Daytime Phone #