

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90059 020 ***150.00

DOCUMENT # J96618

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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

OTTO, TED A.
788 CREEKWATER TERR APT 708
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name Douglas P. Holt

82 Street Address (P.O. Box Number is Not Acceptable)
3 Ormond Green Boulevard

83

84 City Ormond Beach, FL

FL

85 Zip Code
32174

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

Doug Holt

Doug Holt, President

4/15/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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 PT ☐ Change ☒ Addition
1.2 NAME Holt, Douglas Plac
1.3 STREET ADDRESS 3 Ormond Green Boulevard
1.4 CITY-ST-ZIP Ormond Beach, FL 32174

2.1 TITLE VS ☐ Change ☒ Addition
2.2 NAME Geenty, Robert
2.3 STREET ADDRESS 201 Gull Drive South
2.4 CITY-ST-ZIP GDaytona Beach, FL 32119

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Doug Holt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doug Holt, President

4/15/99

407/321-6886

Date

Daytime Phone #

CR2E034 (11/98)