

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K51346 (0)

1. Corporation Name
ATLANTIC SERVICES OF VOLUSIA COUNTY, INC.

Principal Place of Business

1801 MASON AVE
SUITE 102
DAYTONA BEACH FL 32117
US

Mailing Address

1801 MASON AVE
STE 102
DAYTONA BEACH FL 32117-5105
US

2. Principal Place of Business

21 144 N. NOVA RD.

Suite, Apt. #, etc.

22

City & State

23 ORMOND BEACH FL

Zip

24 32174

Country

25

2a. Mailing Address

26 144 N. NOVA RD.

Suite, Apt. #, etc.

27

City & State

28 ORMOND BEACH FL

Zip

29 32174

Country

30

9. Name and Address of Current Registered Agent

EGGLESTON, WILLIAM R
1901 MASON AVE
STE 102
DAYTONA BEACH FL 32117

3. Date Incorporated or Qualified

12/14/1988

3a. Date of Last Report

04/18/1996

4. FEI Number

59-2921645

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

144 N. NOVA RD.

83

84 City

ORMOND BEACH

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 W.R. Eggleston, President

4/1/97

Signature, typed & printed name, of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPA ☐ DELETE

NAME EGGLESTON, WILLIAM R.
STREET ADDRESS 1901 MASON AVE STE 102
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ST ☐ DELETE

NAME EGGLESTON, JEAN D.
STREET ADDRESS 1901 MASON AVE STE 102
CITY-ST-ZIP DAYTONA BCH 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

144 N. NOVA RD.

1.4 CITY-ST-ZIP

ORMOND BEACH, FL 32174

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

144 N NOVA RD.

2.4 CITY-ST-ZIP

ORMOND BEACH FL 32174

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE W.R. Eggleston

4/1/97

904/615-0500

CR2E034 (9/96)

FILED
Apr 28 1997 8:00am
Secretary of State

