FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L68852 (7)

1. Corporation Name
AT-TRAC, INC.

Principal Place of Business
3861 EDWARDS STREET
FT. MYERS FL 33916

Mailing Address
3861 EDWARDS STREET
FT. MYERS FL 33916

3. Date Incorporated or Qualified: 04/27/1990
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3002549 ☐ 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

WALDRON, E.E., JR.
124 NORTH BELVARD AVENUE
P.O. BOX 349
ARCADIA FL 33821

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	THOMAS, ROBERT C.	
STREET ADDRESS	6 SEVILLA AVE.	
CITY-ST-ZIP	ARCADIA FL	
TITLE	SD	☐ DELETE
NAME	PEKAREK, CATHERINE M	
STREET ADDRESS	2112 SW 2ND STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	☐ DELETE
NAME	CARR, DEBRA L	
STREET ADDRESS	1311 S.E. 21ST TERR	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	☐ DELETE
NAME	NOBLES, GERALD	
STREET ADDRESS	144 FLORIDA STREET	
CITY-ST-ZIP	FT OGDEN FL	
TITLE	PD	☐ DELETE
NAME	EARLE, RONNIE J.	
STREET ADDRESS	169 CORAL DRIVE	
CITY-ST-ZIP	FT MYERS FL	
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		

CR2E034 (12/95)

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: Debra L Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/96 (941)694-2700
Date Daytime Phone #