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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 MAY 12 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L68852

(7)

1. Corporation Name  
AT-TRAC, INC.

Principal Place of Business

Mailing Address

3861 EDWARDS STREET  
FT. MYERS FL 33916

3861 EDWARDS STREET  
FT. MYERS FL 33916-3713

3. Date Incorporated or Qualified  
04/27/1990

3a. Date of Last Report  
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME  
THOMAS, ROBERT C.  
STREET ADDRESS  
6 SEVILLA AVE.  
CITY-ST-ZIP  
ARCADIA FL

1.1 TITLE ☐ Change ☐ Addition

1.2 TITLE ☐ DELETE

NAME  
PEKAREK, CATHERINE M  
STREET ADDRESS  
2112 SW 2ND STREET  
CITY-ST-ZIP  
CAPE CORAL FL

2.1 TITLE ☐ Change ☐ Addition

1.3 TITLE ☐ DELETE

NAME  
CARR, DEBRA L  
STREET ADDRESS  
1311 S.E. 21ST TERR  
CITY-ST-ZIP  
CAPE CORAL FL

2.2 NAME

1.4 TITLE ☐ DELETE

NAME  
NOBLES, GERALD  
STREET ADDRESS  
144 FLORIDA STREET  
CITY-ST-ZIP  
FT OGDEN FL

2.3 STREET ADDRESS

1.5 TITLE ☐ DELETE

NAME  
EARLE, RONNIE J.  
STREET ADDRESS  
169 CORAL DRIVE  
CITY-ST-ZIP  
FT MYERS FL

2.4 CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

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 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:

Debra L Carr, Treasurer 05/05/97

941/694-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0401383

CR2E034 (9/96)