FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28108** **(9)**

1. Corporation Name
ADVANCED TANK CERTIFICATION, INC.

Principal Place of Business	Mailing Address
211 CENTER PARK DR. SUITE 3020 KNOXVILLE TN 37922 US	211 CENTER PARK DR. SUITE #3020 KNOXVILLE TN 37922

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/14/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 62-1336887 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRINKMAN, LINDA
VOGEL, BRINKMAN, & WOLFE
3936 TAMIAMI TRAIL N., STE - B
NAPLES FL 33940

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GRANT, JAMES B.	1.2 NAME		
STREET ADDRESS	211 CENTER PK. DR. S3020	1.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	1.4 CITY-ST-ZIP		
TITLE	VST	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	GRANT, ERICA B.	2.2 NAME		
STREET ADDRESS	211 CENTER PK DR. S3020	2.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	GRANT, ERICA B.	3.2 NAME	D DAVID BOOTH	
STREET ADDRESS	211 CENTER PK DR. S3020	3.3 STREET ADDRESS	211 CENTER PARK DR. S3020	
CITY-ST-ZIP	KNOXVILLE TN	3.4 CITY-ST-ZIP	KNOXVILLE, TN 37922	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	NUTT, RONALD	4.2 NAME		
STREET ADDRESS	211 CTR PK DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HYFANTIS, GEORGE J., JR.	5.2 NAME	TEREGA GRANT	
STREET ADDRESS	211 CTR PK DRIVE	5.3 STREET ADDRESS	211 CTR PK DRIVE S3020	
CITY-ST-ZIP	KNOXVILLE TN	5.4 CITY-ST-ZIP	KNOXVILLE, TN 37922	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, A D	6.2 NAME		
STREET ADDRESS	211 CTR PK DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	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 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: Erica Blevins Grant ERICA BENGTSON GRANT 4-4-95 616 675-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478777 FP