

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 # 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State  
Knoxville, Tn.

27 City & State  
Knoxville, Tn.

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/14/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

62-1336887

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

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

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 if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GRANT, JAMES B.  
STREET ADDRESS 211 CENTER PK. DR. S3020  
CITY-ST-ZIP KNOXVILLE TN

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME GRANT, ERICA B.  
STREET ADDRESS 211 CENTER PK DR. S3020  
CITY-ST-ZIP KNOXVILLE TN

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME BOOTH, DAVID  
STREET ADDRESS 211 CENTER PARK DR., S 3020  
CITY-ST-ZIP KNOXVILLE TN

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME NUTT, RONALD  
STREET ADDRESS 211 CTR PK DR  
CITY-ST-ZIP KNOXVILLE TN

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME GRANT, TERESA  
STREET ADDRESS 211 CTR PK DRIVE S3020  
CITY-ST-ZIP KNOXVILLE TN

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME WHITE, A D  
STREET ADDRESS 211 CTR PK DR  
CITY-ST-ZIP KNOXVILLE TN

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 B. Grant Erica B. Grant 4-29-96 423 675 6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)