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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 211 CENTER PARK DR. SUITE 3020 KNOXVILLE TN 37822 US
Mailing Address: 211 CENTER PARK DR. SUITE #3020 KNOXVILLE TN 37822-2108 US

3. Date Incorporated or Qualified: 02/14/1990
3a. Date of Last Report: 05/01/1996
4. FEI Number: 62-1336887
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

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name: DAVID L. WOLFE, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Suite 509
83 500 Fifth Avenue South
84 City: NAPLES FL 85 Zip Code: 34102

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: *David L. Wolfe* DAVID L. WOLFE, Esq. DATE: 4/17/97

12. OFFICERS AND DIRECTORS
1. TITLE: PD [] DELETE
NAME: GRANT, JAMES B.
STREET ADDRESS: 211 CENTER PK. DR. S3020
CITY-ST-ZIP: KNOXVILLE TN
2. TITLE: STD [] DELETE
NAME: GRANT, ERICA B.
STREET ADDRESS: 211 CENTER PK DR. S3020
CITY-ST-ZIP: KNOXVILLE TN

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

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: *Erica B. Grant* - ERICA B. GRANT - Secretary (Resubm. 4-16-97) (423)675-6777

CR2E034 (9/96)