

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90215 027 \*\*\*150.00

DOCUMENT # P93000032480

1. Corporation Name

ATLANTIC COMPUTER ENTERPRISES, INC.



Principal Place of Business

4984 PALM COAST PARKWAY  
STE 7  
PALM COAST FL 32137  
US

Mailing Address

4984 PALM COAST PARKWAY  
STE 7  
PALM COAST FL 32137  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1993

4. FEI Number

54-1527661

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 owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 4845 Belle Terre Pkwy

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

City & State

23 Palm Coast FL

Zip

24 32164

Country

25 FLA

Zip

29 32164

Country

30

9. Name and Address of Current Registered Agent

ELLINS, DONNA S  
4984 PALM COAST PARKWAY  
STE 7  
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4845 Belle Terre Pkwy

83

Suite B

84 City

Palm Coast

FL

85 Zip Code

32164

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 Donna S. Ellins  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ELLINS, DONNA S  
STREET ADDRESS 4984 PALM COAST PARKWAY STE 7  
CITY-ST-ZIP PALM COAST FL 32137

TITLE V ☐ DELETE

NAME ELLINS, ROBERT M  
STREET ADDRESS 4984 PALM COAST PARKWAY  
CITY-ST-ZIP PALM COAST FL 32137

TITLE VP ☐ DELETE

NAME ELLINS, KATHLEEN D  
STREET ADDRESS 4984 PALM COAST PARKWAY  
CITY-ST-ZIP PALM COAST FL 32137

TITLE VP ☐ DELETE

NAME THOMAS E. FRASSRAND  
STREET ADDRESS 134 PALM COAST PARKWAY  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE: Donna S. Ellins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99 904-446-5522

CR2E034 (11/98)