

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000039379 (1)**

1. Corporation Name

AMERICAN TURN-KEY SERVICE, INC.



Principal Place of Business

**6900 TURQUOISE LANE
ORLANDO FL 32807**

Mailing Address

**P. O. BOX 4452
WINTER PARK FL 32793
US**

3. Date Incorporated or Qualified

05/27/1993

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**VARNER, FRED W
6900 TURQUOISE LANE
ORLANDO FL 32807**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**D
VARNER, FRED W
6900 TURQUOISE LANE
ORLANDO FL 32807**

2. TITLE ☐ DELETE

3. TITLE ☐ DELETE

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29. TITLE ☐ DELETE

30. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME ☐ Change ☐ Addition

3. 3. STREET ADDRESS ☐ Change ☐ Addition

4. 4. CITY - ST - ZIP ☐ Change ☐ Addition

5. 5. CITY - ST - ZIP ☐ Change ☐ Addition

6. 6. CITY - ST - ZIP ☐ Change ☐ Addition

7. 7. CITY - ST - ZIP ☐ Change ☐ Addition

8. 8. CITY - ST - ZIP ☐ Change ☐ Addition

9. 9. CITY - ST - ZIP ☐ Change ☐ Addition

10. 10. CITY - ST - ZIP ☐ Change ☐ Addition

11. 11. CITY - ST - ZIP ☐ Change ☐ Addition

12. 12. CITY - ST - ZIP ☐ Change ☐ Addition

13. 13. CITY - ST - ZIP ☐ Change ☐ Addition

14. 14. CITY - ST - ZIP ☐ Change ☐ Addition

15. 15. CITY - ST - ZIP ☐ Change ☐ Addition

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25. 25. CITY - ST - ZIP ☐ Change ☐ Addition

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27. 27. CITY - ST - ZIP ☐ Change ☐ Addition

28. 28. CITY - ST - ZIP ☐ Change ☐ Addition

29. 29. CITY - ST - ZIP ☐ Change ☐ Addition

30. 30. CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)