

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 18 PM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000055640 (5)**

1. Corporation Name  
**ATLANTIC SCREEN INC.**

Principal Place of Business Mailing Address  
**4472 S.W. IDLE WILD STREET PT. ST. LUCIE FL 34953**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/04/1993** 3a. Date of Last Report **03/03/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **4472 SW Idle Wild** 26 **4472 SW Idle Wild**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **PT ST Lucie F** 28 **PT ST Lucie FL**  
Zip Country Zip Country  
24 **34953** 25 **USA** 29 **34953** 30 **USA**

4. FEI Number **65-0429363** 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

9. Name and Address of Current Registered Agent

**FISHER, MICHAEL  
2801 GANTRY CT  
PT. ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name **Douglas Woodcock**  
82 Street Address (P.O. Box Number is Not Acceptable) **1331 Birmingham Ct**  
83 City **PT ST Lucie FL** 85 Zip Code **34952**

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 **Douglas Woodcock** **Douglas Woodcock** **4-11-95**  
Date of Signature of Registered Agent and Date of Appointment Date of Registered Agent Signature Required When Renewing Date

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>DRAMBLE, WILLIAM T</b>
STREET ADDRESS	<b>4472 SW IDLE WILD STREET</b>
CITY - ST - ZIP	<b>PT. ST. LUCIE FL 34953</b>
TITLE	<b>V</b>
NAME	<b>FISHER, VIRGINIA</b>
STREET ADDRESS	<b>4472 SW IDLE WILD STREET</b>
CITY - ST - ZIP	<b>PT. ST. LUCIE FL 34953</b>
TITLE	<b>S</b>
NAME	<b>FISHER, MIKE</b>
STREET ADDRESS	<b>2801 GANTRY CT</b>
CITY - ST - ZIP	<b>PT. ST. LUCIE FL 34952</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	<b>SECRETARY</b>
3 3 STREET ADDRESS	<b>DOUGLAS WOODCOCK</b>
3 4 CITY - ST - ZIP	<b>1331 BIRMINGHAM CT</b>
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: **William Dramble** **4 11 95** **407 336 4756**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type) (Type Please)