SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:54

DOCUMENT # P94000022064 (7)

1. Corporation Name
ATLANTIC SOFTWARE, INC.

Principal Place of Business
~~475 BEACH AVE.~~
~~ATLANTIC BEACH FL 32233~~

Mailing Address
~~675 BEACH AVE.~~
~~ATLANTIC BEACH FL 32233~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report: 6-12-94

2. Principal Place of Business
21 476 RiVERSidE AVE
Suite, Apt. #, etc
22
City & State
23 JACKSONVILLE, FL
Zip
24 32202
Country
25 USA

2a. Mailing Address
26 476 RiVERSidE AVE
Suite, Apt. #, etc
27
City & State
28 JACKSONVILLE, FL
Zip
29 32202
Country
30 USA

4. FEI Number: 59-3229362 ☐ 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

MELANCON, DEJEAN JR.
675 BEACH AVE.
ATLANTIC BEACH FL 32233

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 ____________ DATE ____________

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MELANCON, DEJEAN JR.
STREET ADDRESS	675 BEACH AVE.
CITY, ST, ZIP	ATLANTIC BEACH FL 32233
TITLE	D
NAME	~~MELANCON, LAURIE C~~
STREET ADDRESS	~~675 BEACH AVE.~~
CITY, ST, ZIP	~~ATLANTIC BEACH FL 32233~~
TITLE	D
NAME	~~WEINSTEIN, EILEEN~~
STREET ADDRESS	~~1701 FORGE POND RD.~~
CITY, ST, ZIP	~~BRICK NJ 08724~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY, ST, ZIP		
2 TITLE	V VP	☒ Change ☒ Addition
2 NAME	JEFF C. Woods DVM	
2 STREET ADDRESS	303 6th STREET	
2 CITY, ST, ZIP	ATLANTIC BEACH, Fl 32233	
3 TITLE	T/S SECT./TREASURE	☒ Change ☒ Addition
3 NAME	ROBIN W. SHEPHERD	
3 STREET ADDRESS	2077 BEACH AVE	
3 CITY, ST, ZIP	ATLANTIC BEACH, FL 32233	
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY, ST, ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY, ST, ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: [signature] ROBIN W. SHEPHERD 6/26/95 904 859 0981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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