

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 # P94000039407 (9)

1. Corporation Name

ATLANTIC LOGIC, INC.



Principal Place of Business

Mailing Address

**3074 RIO BAYA N
INDIALANTIC FL 32903
US**

**3074 RIO BAYA N
INDIALANTIC FL 32903
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 State, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**EDGERTON, ERIC R
3074 RIO BAYA N
INDIALANTIC FL 32903**

3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3249037

Apply 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

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 607.0807 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 provisions of Section 607.0805, Florida Statutes.

SIGNATURE

Eric R. Edgerton

ERIC R. EDGERTON

4/8/96

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	JOHNSON, DARRYL G	
STREET ADDRESS	260 ROBERT WAY SOUTH	
CITY, ST, ZIP	SATELLITE BEACH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	EDGERTON, ERIC R	
STREET ADDRESS	3074 RIO BAYA NORTH	
CITY, ST, ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOHNSON, DARRYL G.	
13 STREET ADDRESS	2246 SALUDA LANE	
14 CITY, ST, ZIP	ACWORTH GA 30101	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 trustee, employee, or executor of the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, change or confirmation with an address.

SIGNATURE:

Darryl G. Johnson

Darryl G. Johnson 4/8/96

(770)966-0730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(or)

DATE OF SIGNATURE

CFR2E034 (12/95)