

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

05 MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042351 (4)

1. Corporation Name

ADVANCED TECHNICAL SERVICES, INC.

Principal Place of Business

**325 ALEXANDER DRIVE
LYNN HAVEN FL 32444**

Mailing Address

**325 ALEXANDER DRIVE
LYNN HAVEN FL 32444**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 3a. Date of Last Report

06/02/1994

4. FET Number Applied For
59-331-2534 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 identity for purposes of Section 220, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. State of Incorporation 26. State of Mailing Address

22. City and State 27. City and State

23. County 28. County

24. Zip Code 25. Zip Code 29. Zip Code 30. Zip Code

9. Name and Address of Current Registered Agent

**LAY, DAVID M
325 ALEXANDER DRIVE
LYNN HAVEN FL 32444**

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 Sections 607.0502, Florida Statutes.

SIGNATURE **DAVID M. LAY** *David M. Lay* President

10 May 1995

12. OFFICERS AND DIRECTORS

12a. NAME	PVST
12b. NAME	LAY, DAVID M
12c. STREET ADDRESS	325 ALEXANDER DRIVE
12d. CITY AND STATE	LYNN HAVEN FL 32444
12e. NAME	
12f. STREET ADDRESS	
12g. CITY AND STATE	
12h. NAME	
12i. STREET ADDRESS	
12j. CITY AND STATE	
12k. NAME	
12l. STREET ADDRESS	
12m. CITY AND STATE	
12n. NAME	
12o. STREET ADDRESS	
12p. CITY AND STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME	☐ Change ☐ Addition
13b. STREET ADDRESS	
13c. CITY AND STATE	☐ Change ☐ Addition
13d. NAME	
13e. STREET ADDRESS	
13f. CITY AND STATE	☐ Change ☐ Addition
13g. NAME	
13h. STREET ADDRESS	
13i. CITY AND STATE	☐ Change ☐ Addition
13j. NAME	
13k. STREET ADDRESS	
13l. CITY AND STATE	☐ Change ☐ Addition
13m. NAME	
13n. STREET ADDRESS	
13o. CITY AND STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 220.01(1)(b), Florida Statutes. I further certify that the information included in 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of the report or on an attachment with a certificate.

SIGNATURE:

David M. Lay
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID M. LAY

10 May 1995

904-265-1992