FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 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

(Document Will Be Returned to this Address)

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-331-2536
Applied For
Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City
23

City, State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

County
24

25

Zip
29

Country
30

8. This corporation has elected to be governed by Chapter 607.0505, Florida Statutes. ☐ Yes ☐ No

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 Section 607.0505, Florida Statutes.

SIGNATURE: DAVID M. LAY President 10 May 1995
(If changing Registered Agent, Registered Agent must sign)

12. OFFICERS AND DIRECTORS

Title
Name
Street Address
City-State-Zip

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

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-U)

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is complete, accurate and true. I am a director or officer 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 1 or Block 12 if changed or added above.

SIGNATURE: David M Lay 10 May 1995 904-265-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID M. LAY

0032041 CP