

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

APPROVED

FOR

MAY 25

STATE OF FLORIDA

RECEIVED
MAY 25 1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

DOCUMENT # **P94000042915 (6)**

ATLANTIC VANGUARD CONSULTING GROUP, INC.

473 OAK HAVEN DRIVE
ALTAMONTE SPRINGS FL 32701-6317

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ALTAMONTE SPRINGS FL 32701-6317

3. Date of Incorporation	05/31/1994	3a. Date of Last Report	N/A
4. Filing Fee	\$9-3252968	Applied Fee	Not Applicable
5. Certificate of Status Desired	10	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	10	\$5.00 May Be Added to Fees	
7. The corporation has liability for intangible tax under § 199.032 Florida Statutes.	10		

21. Name of Agent	26. Address
22. Name of Agent	27. Address
23. Name of Agent	28. Address
24. Name of Agent	29. Address
25. Name of Agent	30. Address

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LONG, RALF J 473 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL 32701-6317		81. Name 82. Street Address / P.O. Box Number as Not Applicable 83. 84. City 85. Zip Code	

11. Pursuant to the provisions of Sections 221.01(2)(b) and 221.01(3)(b), 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 consequences of such transfer of duties, Florida Statutes.

SIGNATURE: _____ By: _____ (Signature of Registered Agent or authorized officer of the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D LONG, RALF J 473 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL 32701-6317	1. NAME	Change Addition
STREET ADDRESS		2. NAME	Change Addition
CITY		3. NAME	Change Addition
STATE		4. NAME	Change Addition
ZIP CODE		5. NAME	Change Addition
NAME		6. NAME	Change Addition
STREET ADDRESS		7. NAME	Change Addition
CITY		8. NAME	Change Addition
STATE		9. NAME	Change Addition
ZIP CODE		10. NAME	Change Addition
NAME		11. NAME	Change Addition
STREET ADDRESS		12. NAME	Change Addition
CITY		13. NAME	Change Addition
STATE		14. NAME	Change Addition
ZIP CODE		15. NAME	Change Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and equally for the corporation stated in Sections 199.03(1)(b) Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were the registered agent. I am familiar with and accept the consequences of such transfer of duties, Florida Statutes. I am familiar with and accept the consequences of such transfer of duties, Florida Statutes. I am familiar with and accept the consequences of such transfer of duties, Florida Statutes.

SIGNATURE: *Ralf J. Long* RALF J. Long 5/8/95 407-337-0291
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR