

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000045663 (9)

1. Corporation Name

ATLIGHTSPEED CORPORATION



Principal Place of Business

1825 B N THIRD ST
SUITE 650
JACKSONVILLE FL 32250
US

Mailing Address

1825 B N THIRD ST
SUITE 650
JACKSONVILLE FL 32250
US

3. Date Incorporated or Qualified
06/17/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1825-B NORTH THIRD STREET

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

JACKSONVILLE BEACH, FL 32250

JACKSONVILLE BEACH, FL 32250

24 Zip Country

29 Zip Country

25

30

4. FEI Number

65-0506145

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

SINAGRA, FRANK J ESQ.
HALEY, SINAGRA & PEREZ, P.A.
110 E. BROWARD BOULEVARD, SUITE 650
FORT LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HEMSKY, ROBERT L

STREET ADDRESS 1825B N THIRD ST

CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE VPDS ☐ DELETE

NAME GIBSON, JOEL

STREET ADDRESS 1825B N THIRD ST

CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD ☐ DELETE

NAME BEARDEN, EMMETT

STREET ADDRESS 1825B N THIRD ST

CITY-ST-ZIP JACKSONVILLE FL

TITLE VPDT ☐ DELETE

NAME FOX, ANTHONY

STREET ADDRESS 1825 B N THIRD ST

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

JACKSONVILLE BEACH, FL 32250

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

JACKSONVILLE BEACH, FL 32250

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

JACKSONVILLE BEACH, FL 32250

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L HEMSKY

Date

3/14/96

Daytime Phone #

904-246-4184

CR2E034 (12/95)