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 # P94000049850 (8)

1. Corporation Name
ATG, INC.

Principal Place of Business
5161 FLICKER FIELD CIRCLE
SARASOTA FL 34231-3243

Mailing Address
5161 FLICKER FIELD CIRCLE
SARASOTA FL 34231-3243

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21 3692 East Wexford
22 Suite, Apt. #, etc. Hollow Road
23 City & State: Jacksonville FL.
24 Zip: 32224
25 Country: Duval

2a. Mailing Address
26 P.O. Box 17014
27 Suite, Apt. #, etc.
28 City & State: Jacksonville
29 Zip: 32245-7014
30 Country: Duval

4. FEI Number: 65-0505626 ☐ 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

PFLUGNER, J G
2033 MAIN STREET
STE. 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name: Robert A. Roth
82 Street Address (P.O. Box Number is Not Acceptable): 3692 East Wexford Hollow Road
83
84 City: Jacksonville FL
85 Zip Code: 32224

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: Robert A. Roth Robert A. Roth 6-4-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WHEELBARGER, KARMEN L		1.2 NAME	
STREET ADDRESS	654 WHITE OAK CIRCLE		1.3 STREET ADDRESS	RTE 2, Box 39
CITY-ST-ZIP	HARRISONBURG VA		1.4 CITY-ST-ZIP	DAYTON, VA 22821
TITLE		☐ DELETE	2.1 TITLE	President/Director ☐ Change ☒ Addition
NAME			2.2 NAME	Robert A. Roth
STREET ADDRESS			2.3 STREET ADDRESS	3692 East Wexford Hollow Road
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Jacksonville, FL 32224-6678
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Robert A. Roth Robert A. Roth 6-4-96 904-992-7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)