

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000054943 (3)

95 JUN 26 AM 9:21

1. Corporation Name:

**ATLANTIC INTERNATIONAL INVESTMENT CORPORATION, I
NC.**

Principal Place of Business:

**2295 COW CREEK RD
EDGEWATER FL 32141**

Mailing Address:

**2295 COW CREEK RD
EDGEWATER FL 32141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

N/A

4. FFI Number

54-3287484

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Certificate, Filing Fee,
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. Filing Fee (Check one): ☐ Yes ☒ No

Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business:

21. Suite, Apt. #, etc.

22. City & State

23. State

24. City

25. State

26. City

27. State

28. City

29. State

30. City

2a. Mailing Address:

26. Suite, Apt. #, etc.

27. City & State

28. State

29. City

30. State

31. City

32. State

33. City

34. State

35. City

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLINTON, GERALDINE I
2295 COW CREEK RD
EDGEWATER FL 32141**

81. Name

82. Name (Applicable if Box Number is Not Applicable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c), Florida Statutes, the above named corporation hereby certifies the 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, hereby accept the appointment as registered agent, and hereby accept the qualification of the new registered agent, Florida Statutes.

SIGNATURE

12. OFFICER, DIRECTOR, OR OTHER PERSON

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

13. ADDITIONAL CHANGES TO THE OFFICER, DIRECTOR, OR OTHER PERSON

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE *Geraldine Clinton* **Geraldine Clinton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-95

904-426 7895

Telephone Number