

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90026 007 ***150.00

DOCUMENT # P95000054565

1. Corporation Name
ATLANTIC VENTURES ASSOCIATED, INC.



Principal Place of Business
**800 8TH AVENUE
NEW SMYRNA BEACH FL 32169
US**

Mailing Address
**800 8TH AVENUE
NEW SMYRNA BEACH FL 32169
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number
59-3331062

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **456 Bouchelle Dr**

26 **456 Bouchelle Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **104**

27 **104**

City & State

City & State

23 **New Smyrna Beach, FL**

28 **New Smyrna Beach, FL**

Zip Country

Zip Country

24 **32169**

25 **USA**

29 **32169**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITTEN, TIMOTHY C
800 8TH AVENUE
NEW SMYRNA BEACH FL 32169**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

456 Bouchelle Dr

83 **104**

84 City **New Smyrna Beach**

FL

85 Zip Code
32169

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 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 ☐ DELETE

NAME **VDI**

STREET ADDRESS **WHITTEN, TIMOTHY C.**

CITY-ST-ZIP **800 8TH AVENUE**

NEW SMYRNA BEACH FL

TITLE ☐ DELETE

NAME **PD**

STREET ADDRESS **WHITTEN, DARLENE R.**

CITY-ST-ZIP **800 8TH AVENUE**

NEW SMYRNA BEACH 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **Timothy C. Whitten** **RE Timothy C. Whitten** **1/29/99** **(904) 424-9551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)