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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000079737 (9)

1. Corporation Name
A.T.V. INC.



Principal Place of Business
630 CYPRESS AVENUE
VENICE FL 34292

Mailing Address
630 CYPRESS AVENUE
VENICE FL 34292-2605

3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report
10/02/1996

2. Principal Place of Business
21 13902 Fruitville Rd
Suite, Apt. #, etc.

2a. Mailing Address
26 13902 Fruitville Rd
Suite, Apt. #, etc.

4. FEI Number
65-0621760
Applied For
Not Applicable

22 Sarasota, FL
City & State

27 Sarasota, FL
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip 34240 Country USA

28 Zip 34240 Country USA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

GLOVER, ANN L
630 CYPRESS AVENUE
NEKOMIS FL 34292

81 Name ANN L GLOVER
82 Street Address (P.O. Box Number is Not Acceptable)
2300 Laurel Rd

10. Name and Address of New Registered Agent

83
84 City NOKOMIS FL 85 Zip Code 34275

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 P
NAME GLOVER, ANN L
STREET ADDRESS 630 CYPRESS AVENUE
CITY - ST - ZIP VENICE FL 34292

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

ANN L. Glover 4/28/97 941-377-3151

CR2E034 (9/96)