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 # **P95000081578 (3)**

1. Corporation Name

ATWELL CONTRACT PROGRAMING AND CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
603 BENJULYN LANE CANTONMENT FL 32533	603 BENJULYN LANE CANTONMENT FL 32533

3. Date Incorporated or Qualified: 10/20/1995

3a. Date of Last Report: N/A

4. FEI Number: 59-3335082 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 603 Benjulyn Ln	26 7185 Deventer Cv
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Cantonment, FL	28 City & State: Mphs, TN
24 Zip: 32533 25 County: ESCAMBIA	29 Zip: 38133 30 County: SHELBY

9. Name and Address of Current Registered Agent

VAN MATRE, CARYN A
213 SO. ALCANIZ STREET
PENSACOLA FL 32501

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. Each 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 Sections 607.0505 and 607.1508, Florida Statutes.

SIGNATURE: [signature] DATE: 3/14/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	ATWELL, OSCAR	ADD.	12 NAME	7185 Deventer Cv.
STREET ADDRESS	5697 RIDGE POINT DRIVE STE 1		13 STREET ADDRESS	Mphs. TN 38133
CITY-ST-ZIP	MEMPHIS TN 38134		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	ATWELL, BETTY	ADD.	22 NAME	7185 Deventer Cv
STREET ADDRESS	5697 RIDGE POINT DRIVE STE 1		23 STREET ADDRESS	Mphs. TN 38133
CITY-ST-ZIP	MEMPHIS TN 38134		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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, added or deleted.

SIGNATURE: [signature] 3/14/96 901-937-0150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #