SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

97 AUG 13 AM 8: 2"

DOCUMENT # P95000081578 (3)						SECRETARY OF STATE TALLAHASSEE FLORIDA				
ATWELL CONTRACT PROGRAMING AND CONSULTING SERVIC						IALLARASSET FLORIE				
ES, INC.										
LO, 1110	•									
Principal Plac	e of Business	<u></u>	Mailing Address			{				
603 BENJULYN		7185 DEVENTER CIRCLE								
CANTONMENT FL 32533			MEMPHIS TN 38133							
			US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report				
						10/20/1995	1	20/1996	sport	
2. Principal P	lace of Busin		2a. Mailing Address			4, FEI Number		20/ 1880 An	plied For	
21			26 P.O. BOX 24			59-3335082			Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	dditional	
22			27			b. Certificate of Status Desired		Fee Re	quired	
City & State			Gity & State			6. Election Campaign Financing	F4	\$5.00		
23	 1		28 50n zalez			Trust Fund Contribution	<u> </u>	Added to		
Zip	}	Country 25	29 33561) 3	Country	γ,	8. This corporation owes or has pa	_	- ' -	angible	
24		and Address of Curren		المالي المالي	4-	Personal Property Tax due June 10. Name and Address of New Re			j NO	
VAN	MATRE, C			81 Name	-1		3			
		NIZ STREET	,		1.13	(0.0 S- N)				
PENSACOLA FL 32501			82 Street Add		Agore	ss (P.O. Box Number is Not Acceptat	oie)			
I ENGLOSE I I E GEGOT				83						
· · · · · · · · · · · · · · · · · · ·				84 City				los 1 7:- (2-40	
				,			FL	85 Zip C	- 1	
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered										
11. Pursuant to the provisions of Soctions 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 age OFFICERS AN		Registered Agent signature	e required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTOR	C 14 4 0	
12. TITLE	PD	OFFICERS AN	DELETE	13. 1.1 TITLE	1	ADDITIONS/CHANGES TO OFFIC	JERS AINL	Change	Addition	
NAME	ATWELL,	OSCAR		1.2 NAME				cgo		
STREET ADDRESS		ENTER CIRCLE		1.3 STREET ADDRESS						
CITY-ST-ZIP	MEMPHIS			1.4 CITY-ST-ZIP						
TITLE	VD		☐ DELETE	2 1 HTLE	 			Change	Addition	
NAME	ATWELL,	BETTY		2.2 NAME		em and and the second of) (C) (C) (C)	anc.		
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CITY-ST-ZIP	MEMPHIS	TN		2. 4 CITY - ST - ZIP		****16	Š.loo_	****1	35.00	
TITLE			DELETE	3.1 TITLE				Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET ADDRESS						
CITY-ST-ZIP			Driete	3.4. CITY-ST-ZIP	 			☐ Change	Addition	
TITLE			DELETE	4.1 TITLE				- Change	Addition	
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STREET ADDRESS					ļ				Ì	
CITY-ST-ZIP TITLE	-	····	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	 			Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET ADDRESS						
CITY-ST-ZIP				5.4 CITY-ST-ZIP						
TITLE			☐ DEL€TE	6.1 TITLE	1			Change	Addition	
NAME				6.2 NAME	1					
STREET ADDRESS				6.3 STREET ADDRESS					777	
CITY-ST-ZIP				64 CITY-ST-ZIP	1				y	

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 if changed of or an attachment with an address.

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Atwell Contract hogramming and Consulting Sension line.

May enclosed a chick for our amual With our accountant and pa Meards in dies clime a riper Jan year am ust mored yac . Monds show The pay the mount spell last year in May of the is in the wire for, the mone. The a new large. Ind as year of the stand of year y year gen Atulu V.P. 59-3335082