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FILED

Jan 22 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 # P96000027235 (6)

1. Corporation Name

AMERICAN TANK & EQUIPMENT CO.

Principal Place of Business

2304 KARA DRIVE
TALLAHASSEE FL 32303

Mailing Address

2304 KARA DRIVE
TALLAHASSEE FL 32303-3718



3. Date Incorporated or Qualified

03/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 3208 Sydney Road

Suite Apt. #, etc.

2a. Mailing Address

26 3208 Sydney Road

Suite Apt. #, etc.

4. FEI Number

59-3369716

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

City & State

23 Plant City, FL

City & State

28 Plant City, FL

Zip

24 33567

Country

25 Hillsboro

Zip

29 33567

Country

30 Hillsboro

9. Name and Address of Current Registered Agent

DAWS, SONYA K
318 NORTH MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Donald R. Chance

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

3125 Poinsettia Drive

83

84 City

Lake Wales

FL

85 Zip Code

33853

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

Donald R. Chance

Donald R. Chance

1/13/97

(Signature typed in printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	OWENS, JAMES B	
STREET ADDRESS	130 DEANNA DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	OWENS, JAMES D	
STREET ADDRESS	2304 KARA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FABRY, JEFFREY P	
STREET ADDRESS	3517 AUTUMN GLEN DRIVE	
CITY-ST-ZIP	VALRICO FL 32303	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHANCE, DONALD R	
STREET ADDRESS	3125 POINSETTIA DRIVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3208 Sydney Road
1.4 CITY-ST-ZIP	Plant City, FL 33567
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3208 Sydney Road
2.4 CITY-ST-ZIP	Plant City, FL 33567
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE:

J. Bradley Owens

1/13/97

813-719-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)