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FILED

May 01 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 # P96000097099 (1)

1. Corporation Name

ATLANTIC LEGAL SERVICES, INC.

Principal Place of Business

1592 NO A1A HIGHWAY  
SATELLITE BEACH FL 32937

Mailing Address

1592 NO A1A HIGHWAY  
SATELLITE BEACH FL 32903-2714

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

NA.

2. Principal Place of Business

21 1592 No. Hwy A1A

Suite, Apt. #, etc.

2a. Mailing Address

26 1592 No. Hwy A1A

Suite, Apt. #, etc.

4. FEI Number

59-3415349

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

9. Name and Address of Current Registered Agent

DENISON, TOM G  
1592 NO A1A HIGHWAY  
SATELLITE BEACH FL 32937

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. 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

TITLE D ☐ DELETE

NAME DENISON, TOM G  
STREET ADDRESS 730 ATLANTIC DRIVE  
CITY- ST- ZIP SATELLITE BEACH FL 32937

TITLE D ☐ DELETE

NAME DENISON, RAMSEY G  
STREET ADDRESS 730 ATLANTIC DRIVE  
CITY- ST- ZIP SATELLITE BEACH FL 32937

TITLE D ☐ DELETE

NAME WILDMAN, NADEAN C  
STREET ADDRESS 730 ATLANTIC DRIVE  
CITY- ST- ZIP SATELLITE BEACH FL 32937

TITLE D ☒ DELETE

NAME WILDMAN, ERIC D  
STREET ADDRESS 3525 PASEO DE ELENITA STE 173  
CITY- ST- ZIP OCEANSIDE CA 92058

TITLE D ☐ DELETE

NAME DENISON, RROOK G  
STREET ADDRESS 4411 SW 34TH ST STE 102  
CITY- ST- ZIP GAINESVILLE FL 32608

TITLE D ☒ DELETE

NAME WILDMAN, JENNIFER  
STREET ADDRESS 3525 PASEO DE ELENITA STE 173  
CITY- ST- ZIP OCEANSIDE CA 92058

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001082

CR2E034 (9/96)