FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

`PROFIT **CORPORATION ANNUAL REPORT**

1998

ji.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099107 (0)

ATLANTIC CONSULTING SERVICES, INC.

FILED May 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 7706 BAYBERRY CT 7706 BAYBERRY CT ORLANDO FL 32810 ORLANDO FL 32810 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ΠNo 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAILEY, DAVID R JR 7706 BAYBERRY CT Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32810 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Pres, V.P., Sec, Tres, Dir Change Addition DELETE TITLE 1.1 TITLE Tes, v.

David R. Railey Jr.

7706 Bayberry Ct. Orland. FL

32810 Change Addition 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE 22 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 Jule NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7(P CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 attychment with an address.

AND C-RAILEY TROllands. UNT-