

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

0078425

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #P96000100014
1. Corporation Name
ATLANTIC TOWING CORPORATION

FILED

29 JUN 25 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1710 W LAKE BRANTLEY RD LONGWOOD FL 32779 US	Mailing Address 1710 W LAKE BRANTLEY RD LONGWOOD FL 32779 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1710 W Lake Brantley Suite, Apt. #, etc. 22 City & State 23 Longwood FL Zip Country 24 32779 25 Seminole	2a. Mailing Address 26 1710 W Lake Brantley Suite, Apt. #, etc. 27 City & State 28 Longwood FL Zip Country 29 32779 30 Seminole	3. Date Incorporated or Qualified 12/11/1996 4. FEI Number 59-3422011 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent MATTINGLY, MARTY 1710 W. LAKE BRANTLEY RD. LONGWOOD FL 32779	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME MATTINGLY, MARTY STREET ADDRESS 1710 W. LAKE BRANTLEY RD. CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:  6-9-99 407/802-0885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

Atlantic Towing Corporation

1710 W. Lake Brantley Road, Longwood, Florida 32779 Phone: 407/862-0885 Fax: 407/774-7483

June 10, 1999

DEPARTMENT OF STATE
DEPARTMENT OF CORPORATION
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

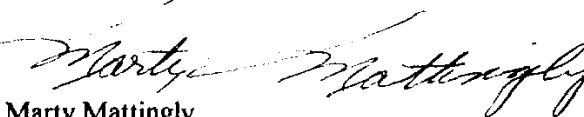
Enclosed please find my filing fee in the amount of One Hundred Fifty Dollars (\$150.00).

I am so very sorry for this being late but, my husband has been in and out of the hospital with lung problems, blood clots and TB for the past couple months. I truthfully just forgot to file these papers, until I ran across the paper last night.

I called your office in Tallahassee this morning and they advised me to send the \$150.00 and advise you of our problem. If I needed to send the balance of the money, please notify me as soon as possible.

Thank you so much.

Sincerely,


Marty Mattingly
President

Enclosure