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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000031184 (9) DOCUMENT #

1. Corporation Name

ATLAS TECHNICAL SERVICES, INC.

AILAO ILOIMORE OLIMOLO					
Principal Place of Business	Mailing Address	I 1985/861 (14 kg)() (88)() 88)() 88)() 88)() 88)() 88)() 80)			
9691 SECOND STREET NO ST PETERSBURG FL 33702	9691 SECOND STREET NO ST PETERSBURG FL 33702	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1997			
2. Principal Place of Business	2a, Mailing Address	4. FEI Number Applied For			
21 140 Brad Circle	26 140 Brad Circle	59-3431533 Not Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired See Required Fee Required			
City & State 23 Winter Haven, FC	City & State 28 Winter Haven, FC	6. Election Campaign Financing \$5.00 May Be			
Zip Country 24 33880 25 USA	71p Country 29 33880 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No			

9. Name and Address of Current Registered Agent BERGER, KENNETH W 9691 SECOND STREEET NO ST PETERSBURG FL 33702

13 F	1	Persor	ial Property	/ Lax due June 30.	_ 	38	□ INO
[10. Name	and Addre	ess of New Registe	red Age	nt	
81	Name Ja	mes P.	Jorde	24			
B2	Street Addres	ss (P.O. Box	Number is	Not Acceptable)			
83			-				
84	City	Ac Ila			EI 8	5 2	Pip Code

FILED

Apr 21 1998 8:00am

Secretary of State

Applied For Not Applicable

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

	m familiar with, and accept the obligations		11.1.			
SIGNATURE	Signature, typed or proton name of regions end agent and	es P. Jordan A	resident Registered Agent signature		198	_
12.	OFFICERS AND DIF	RECTORS	13.	, p. a	OTORS IN 12	(10/97)
TITLE	D	DELETE.	1.1 TITLE		nge 🔲 Addition	
NAME	BERGER, KENNETH W		1.2 NAML	[*		
STREET ADDRESS	9691 SECOND STREEET NO		1.3 STREET ADDRESS			CR2E034
CITY-ST-ZIP	ST PETERSBURG FL 33702		1.4 CRY-ST-7IP			_ ନୁ
TITLE	D	☐ DELETE	2 1 1111. [P.V.D	Change Addition	ျပ
NAME	JORDAN, JAMES P		2.2 NAMI	Jordan, James P.		
STREET ADDRESS	9691 SECOND STREEET NO		23 STREET ADDRESS	P.V.D Jordan, James P. 140 Brad Circle Winter Haven, FL 33880		
CITY-ST-ZIP	ST PETERSBURG FL 33702		2. 4 GITY - S1 - ZIP	Winter HaveniPL 33880		╛
TITLE		☐ DELETE	3.1 TITLE	5 - 1 1 11	nge Addition	1
NAME			3.2 NAME	Josdan, Amanda M.		
STREET ADDRESS			3.3 STREET ADDRESS	· 140 Brad Circle Winter Haven, FL 33880		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Winter Haven, FL 33880		╛
TITLE		DELETE	4.1 TITLE		∟ Change Addition	1
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY- ST- ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	1
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP			_
TITLE		☐ DELETE	6.1 THLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. Thereby 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 ooth; 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.

6.4 CHY - S1 - ZIP

Tools Dailed 11/10/08 (941) 299-2291