

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90457 001 ***300.00

DOCUMENT # P97000105050

1. Entity Name
ATM INDUSTRIES, INC.



Principal Place of Business
3684 BALTUSROL CT.
GREEN COVE SPRINGS, FL 32043 US

Mailing Address
PO BOX 8820
ORANGE PARK, FL 32006 US

66417350



2. Principal Place of Business
1728 Kingsley Ave.
Suite, Apt. #, etc.
190

3. Mailing Address
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State
Orange Park FL
Zip
32073 Country
USA

City & State
Zip
Country

4. FEI Number
59-3487845 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLEVINS, LARRY J
3684 BALTUSROL CT
GREEN COVE SPRINGS, FL 32043
738 Tara Farms Dr.
Middleburg, FL
32068

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Larry Blevins* Larry Blevins

4-27-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLEVINS, LARRY J 3684 BALTUSROL CT. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VILLARC, ROBERT 297 WESTWOOD DR. WOODBURY, NJ 08096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, ROBERT 2533 IRONWOOD CT. ORANGE PARK, FL 32065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, CHARLES JR. 4338 W HINSDALE AVE. LITTLETON, CO 80128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VORHEES, TERRY 1315 PARK AVE ORANGE CITY, FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLEVINS, LARRY J. 738 TARA FARMS DR. MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry Blevins* Larry Blevins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

904-264-2274

Daytime Phone #