

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90001 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # **P98000075908**

1. Corporation Name

**A-TEC TRANSPORTATION, INC.**

Principal Place of Business

**7281 SUNSHINE GROVE ROAD SUITE 113  
BROOKSVILLE FL 34613**

Mailing Address

**7281 SUNSHINE GROVE ROAD SUITE 113  
BROOKSVILLE FL 34613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/31/1998**

4. FEI Number

**59-3587930**

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 owes the current year  
Intangible Personal Property.

☐

Yes ☒ No

2. Principal Place of Business

**7281 Sunshine Grove RD #101**

2a. Mailing Address

**7281 Sunshine Grove RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 101**

**Suite 101**

City & State

**Brooksville FL**

Zip

**34613**

Country

Zip

**34613**

Country

**Hernando**

9. Name and Address of Current Registered Agent

**OSBORN, MORRIS E  
5308 SPRING HILL DRIVE  
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81 Name

**Elmo Garcia**

82 Street Address (P.O. Box Number is Not Acceptable)

**7281 Sunshine Grove RD**

83

**Suite 101**

84 City

**Brooksville**

**FL**

85 Zip Code

**34613**

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 **Elmo Garcia**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-8-99**

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, ELMO</b>	
STREET ADDRESS	<b>7281 SUNSHINE GROVE ROAD SUITE 113</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34613</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Garcia, Elmo</b>	
1.3 STREET ADDRESS	<b>7281 Sunshine Grove RD suite 101</b>	
1.4 CITY-ST-ZIP	<b>Brooksville, FL 34613</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 attachment with an address.

SIGNATURE: **Elmo Garcia** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-8-99**

CR2E034 (5/99)

0105555



**ATI, Inc.**

Accounting, Tax & Immigration Services

9345 Orchard Way  
Spring Hill, FL 34608

Phone: 352-686-2393  
Fax: 352-686-2393  
Email: jockey@siservices.net

PA8000075908  
604063-90001-29

August 03, 1999

Division of Corporations  
Annual Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs;

Mr. Elmo Gracia became incorporated on August 31, 1998, he is a new business owner and did not understand that an annual report had to be filed. He did not start operating the business until February 1, 1999.

He brought me the second notice and said he never received a first notice. Please wave the penalty and allow him to pay the, enclosed, filing fee of \$150.00. If you have any questions, please contact me at the number listed above.

Thank you,

*Brenda L. Mejia*

Brenda L. Mejia  
Accountant