

FILED
May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000105625

1. Corporation Name

ATLANTIS-TRADING. COM, INC.

Principal Place of Business
 1901-17 WEST BAY DR., STE. 238
 LARGO FL 33770

Mailing Address
 1901-17 WEST BAY DR., STE. 238
 LARGO FL 33770



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1998

4. FEI Number

59-3567658

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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRANT, J. STUART
 1901-17 WEST BAY DR., STE. 238
 LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name JACKSON L. MORRIS
 82 Street Address (P.O. Box Number is Not Acceptable) 3116 W. North "A" street
 83
 84 City TAMPA FL 85 Zip Code 33609

11. Pursuant to the provisions of Sections 607.0507 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

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

(NOTE: Registered Agent signature required when registering)

JOHN S. GRANT President 4/2/99

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	JACKSON L. MORRIS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE
NAME	RON L. MALETTE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE
NAME	KARI JOHNSON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE
NAME	STEVEN HOCKE	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACKSON L. MORRIS	
1.3 STREET ADDRESS	1901-17 WEST BAY DR # 238	
1.4 CITY-ST-ZIP	LARGO, FL 33770	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RON L. MALETTE	
2.3 STREET ADDRESS	1901-17 WEST BAY DR # 238	
2.4 CITY-ST-ZIP	LARGO, FL 33770	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KARI JOHNSON	
3.3 STREET ADDRESS	1901-17 WEST BAY DR # 238	
3.4 CITY-ST-ZIP	LARGO, FL 33770	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEVEN HOCKE	
4.3 STREET ADDRESS	1901-17 WEST BAY DR # 238	
4.4 CITY-ST-ZIP	LARGO, FL 33770	
5.1 TITLE	Director, President, Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	J. STUART GRANT	
5.3 STREET ADDRESS	1901-17 WEST BAY DR # 238	
5.4 CITY-ST-ZIP	LARGO, FL 33770	
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE OF J. STUART GRANT

Date

Daytime Phone #

(727) 560-5345

CR2E034 (11/98)