

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 27 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V46253 (3)

1. Corporation Name

THE ATM COUNSEL, INC.

Principal Place of Business

447 ATLANTIC BLVD
SUITE #4
ATLANTIC BEACH FL 32233

Mailing Address

447 ATLANTIC BLVD
SUITE #4
ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1992

3a. Date of Last Report
05/31/1994

4. FEI Number
59-3128848

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2178 FOREST GATE DR E

2a. Mailing Address

26 2178 FOREST GATE DR E

Suite, Apt. #, etc

Suite, Apt. #, etc

22 JACKSONVILLE

27 JACKSONVILLE

City & State

City & State

23 32246 DUVAL

28 32246 DUVAL

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINFREE, WILLIAM L
185 PINE ST.
ATLANTIC BEACH FL 32233

81 Name WILLIAM L. WINFREE

82 Street Address (P.O. Box Number is Not Acceptable)
2178 FOREST GATE DR. E.

83 JACKSONVILLE

84 City

FL

85 Zip Code
32246

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 WILLIAM L. WINFREE

PRESIDENT

Wm L Winfree

4-24-95

(Signature must be printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PST
WINFREE, WILLIAM L
185 PINE ST.
ATLANTIC BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

PST
WINFREE, WILLIAM L.
2178 FOREST GATE DRIVE E.
JACKSONVILLE, FL. 32246

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.07(9)(b), 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 13 of this report, or on an attachment with an address.

SIGNATURE:

Wm L Winfree

WILLIAM L. WINFREE

PRESIDENT

4-24-95

904-

2327600

(Signature and Typed or Printed Name of Signing Officer or Director)

(Date)

(Filing Fee)