

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53572 (6)

1. Corporation Name

APPLICATION TRAINING SERVICES, INC.

Principal Place of Business

Mailing Address

**100 N. TAMPA
SUITE 1935
TAMPA FL 33602
US**

**100 N. TAMPA
SUITE 1935
TAMPA FL 33602
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3152127

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. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MULLIS, HAROLD W., JR.
101 E. KENNEDY BLVD.
SUITE 2800
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2), 607.01(3), and 607.1509, 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 understand the provisions of Section 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

101. NAME
D SHIMBERG, ANDREW C.
102. STREET ADDRESS
100 N. TAMPA, SUITE 1935
103. CITY, ST, ZIP
TAMPA FL

104. NAME
105. STREET ADDRESS
106. CITY, ST, ZIP

107. NAME
108. STREET ADDRESS
109. CITY, ST, ZIP

110. NAME
111. STREET ADDRESS
112. CITY, ST, ZIP

113. NAME
114. STREET ADDRESS
115. CITY, ST, ZIP

116. NAME
117. STREET ADDRESS
118. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY, ST, ZIP ☐ Change ☐ Addition

13.5 NAME ☐ Change ☐ Addition

13.6 NAME ☐ Change ☐ Addition

13.7 STREET ADDRESS ☐ Change ☐ Addition

13.8 CITY, ST, ZIP ☐ Change ☐ Addition

13.9 NAME ☐ Change ☐ Addition

13.10 NAME ☐ Change ☐ Addition

13.11 STREET ADDRESS ☐ Change ☐ Addition

13.12 CITY, ST, ZIP ☐ Change ☐ Addition

13.13 NAME ☐ Change ☐ Addition

13.14 NAME ☐ Change ☐ Addition

13.15 STREET ADDRESS ☐ Change ☐ Addition

13.16 CITY, ST, ZIP ☐ Change ☐ Addition

13.17 NAME ☐ Change ☐ Addition

13.18 NAME ☐ Change ☐ Addition

13.19 STREET ADDRESS ☐ Change ☐ Addition

13.20 CITY, ST, ZIP ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.032(1)(b), Florida Statutes. Further, I certify that the information is included in the annual report or supplemental annual report, as true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the treasurer or another person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, of this filing, as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew C. Shimberg Andrew C. Shimberg 4/26/95 815-774-7866
OFFICE