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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

V62960

(2)

ATOUR	VTI 100 A1	SERVIC	
VIMIII.	HAMILL	SERVILL	-> INI

Principal Place of	of Business	Mailing Address				II OOK DIDII BIDII AIBII QKON DIDII BISII MBEI
2034 SW 76 GAINESVILL		2034 SW 76 TERR GAINESVILLE FL 32607 US				
US		US			3. Date Incorporated or Qualified	3a. Date of Last Report
	(0)	A. M.T. Add.			09/04/1992 4. FEI Nuniber	03/13/1995
2. Principal Plac	SW SOTH AVE 2	2a. Mailing Address	cD.1	1.15		Applied For Not Applicable
21		Suite, Apt. #, etc.	SUIN	AVE.	59-3154876	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 ARCI	HER, FL.	B ARCHER,	FL		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	
24 326/			30 VS		Florida Statutes Yes	No
	9. Name and Address of Current Re	gistered Agent	81	Nanie	10. Name and Address of New Re	egistered Agent
				K	EGINA C. JOHNS	
	ARNOLD		82	Street Addre	ess (P.O. Box Number is Not Acceptable 5 5 W 50th A	e)
	207 0.11. 7011 12.110.102				6311 3W 304h A	VE.
GAINES	SVILLE FL 32608					
			84	City A	RCHER	FI 85 Zip Code
11 Pursuant to	the provisions of Sections 607.0502 and	607 1508. Florida Statutes	the above na	med corpora	ation submits this statement for the our	pose of changing its registered office
or registere	d agent, or both, in the State of Florida. S	Such change was authorized	by the corpo	ration's board	d of directors. Thereby accept the appo	intment as régistered agent. Fam
	i, and accept the obligations of Section 6	or.bous Florida Statutes.	Johnson	m 1)	0 $1 \sim 1$	5,1996
SIGNATURE.	ilgriature, typed or printed name of registered agent and ti	tie if applicable: 1001s	Registered Agent	signature required	t when reinstating)	DATE.
12.	OFFICERS AND DI	RECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	VTD	□ DELETE	1. 1 TITLE	V	5D	Change 🗋 Addition
NAME	Johnson, Reg i na		1.2 NAME	J.	ohnson, Regina C. 6511 SW SB1h Avenu	ع ا
STREET ADDRESS	16511 S.W. 50TH AVENUE		13 STREET A	DDRESS /	511 3W SUIN /100110	C
CITY-ST-ZIP	ARCHER FL	No priete	1.4 CITY - ST	-ZIP /	rcher, Fl.	Change Addition
THILE	VSD	DELETE	2 1 TITLE			Custige Madition
NAME	ARNOLD, CLARA		22 NAME	pposon		
STREET ADDRESS	2034 S.W. 76TH TERRACE		23 STREET A	ļ		
CITY-ST-ZIP TITLE	GAINESVILLE FL	☐ DELETE	2.4 CHY-ST 3.1 THLE	10.	TD 2	Change Addition
NAME	PD Johnson, Ricky R		3 2 NAME	.77	phnson, Ricky R. 511 SW 50th Aven	
STREET ADDRESS	16511 S.W. 50TH AVENUE		3.3 STREET	ADDRESS /	511 SW SOTH AVER	ive
CITY-ST-ZIP	ARCHER FL		3 4 CITY-ST	-ZIP A	rcher, Fl.	
TITLE	AUDIEUTE	DELETE	4. 1 THILE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-S!-ZIP			4.4 CHY-ST	- ZIP		
TITLE		DELETE.	5. 1 TITLE	ĺ		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET /			
CITY-ST-ZIP		(T) OF LETE	5 4 CITY - ST	- ZIP		Change C Addition
TITLE		DELETE	6 1 TITLE			Change Add-tion
NAME			6.2 NAME	- P.P.P.C.C.		
STREET ADDRESS			63 STREET			•
CITY-ST-ZIP	certify that the information supplied with	this filing is voluntarily furnish	64 City-St ned and does		or the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further
codify that	the information indicated on this annual ream an officer or director of the corporation	enort or supplemental annual	Lreport is true	e and accura	te and that my signature shall have the	same legal effect as if mage under
appears in	an an officer or director of the corporation Block 12 or Block 13 if changed, or on a	n attachment with an addres	is.	J SACOULT HIN	a report be required by Chapter 607, File	oracio, and that thy harte

SIGNATURE: RICKY R - JOHNSON 4-15-96 352-495-2714