

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P28108** (9)

1. Corporation Name  
**ADVANCED TANK CERTIFICATION, INC.**

Principal Place of Business <b>211 CENTER PARK DR. SUITE 3020 KNOXVILLE TN 37922 US</b>	Mailing Address <b>211 CENTER PARK DR. SUITE #3020 KNOXVILLE TN 37922</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/14/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>62-1336887</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>BRINKMAN, LINDA VOGEL, BRINKMAN, &amp; WOLFE 3938 TAMAMI TRAIL N., STE - B NAPLES FL 33940</b>		10. Name and Address of New Registered Agent			
		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83.			
		84. City	<b>FL</b>	85. Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD GRANT, JAMES B. 211 CENTER PK. DR. S3020 KNOXVILLE TN</b>	1. 1 TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VST GRANT, ERICA B. 211 CENTER PK DR. S3020 KNOXVILLE TN</b>	2. 1 TITLE 2. NAME 2. 3 STREET ADDRESS 2. 4 CITY - ST - ZIP	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GRANT, ERICA B. 211 CENTER PK DR. S3020 KNOXVILLE TN</b>	3. 1 TITLE 3. 2 NAME 3. 3 STREET ADDRESS 3. 4 CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DAVID BOOTH 211 CENTER PARK DR. S3020 KNOXVILLE, TN 37922</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D NUTT, RONALD 211 CTR PK DR KNOXVILLE TN</b>	4. 1 TITLE 4. 2 NAME 4. 3 STREET ADDRESS 4. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HYFANTIS, GEORGE J., JR. 211 CTR PK DRIVE KNOXVILLE TN</b>	5. 1 TITLE 5. 2 NAME 5. 3 STREET ADDRESS 5. 4 CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TERESA GRANT 211 CTR PK DRIVE S3020 KNOXVILLE, TN 37922</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WHITE, A D 211 CTR PK DR KNOXVILLE TN</b>	6. 1 TITLE 6. 2 NAME 6. 3 STREET ADDRESS 6. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Erica Bengtson Grant ERICA BENGTSON GRANT 4-4-95 616 675-6777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #