

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28108 (9)**

1. Corporation Name

**ADVANCED TANK CERTIFICATION, INC.**



Principal Place of Business: **211 CENTER PARK DR. SUITE 3020 KNOXVILLE TN 37922 US**  
Mailing Address: **211 CENTER PARK DR. SUITE #3020 KNOXVILLE TN 37922**

3. Date Incorporated or Qualified: **02/14/1990**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **62-1336887**  
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**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23** *Knoxville, Tn.*  
City & State: **27** *Knoxville, Tn.*  
Zip: **24** Country: **25** Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**BRINKMAN, LINDA  
VOGEL, BRINKMAN, & WOLFE  
3936 TAMiami TRAIL N., STE - B  
NAPLES FL 33940**

**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 607.0502 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**

Signature, typed or printed name of registered agent also required if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANT, JAMES B.</b>	
STREET ADDRESS	<b>211 CENTER PK. DR. S3020</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANT, ERICA B.</b>	
STREET ADDRESS	<b>211 CENTER PK DR. S3020</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOOTH, DAVID</b>	
STREET ADDRESS	<b>211 CENTER PARK DR., S 3020</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NUTT, RONALD</b>	
STREET ADDRESS	<b>211 CTR PK DR</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRANT, TERESA</b>	
STREET ADDRESS	<b>211 CTR PK DRIVE S3020</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITE, A D</b>	
STREET ADDRESS	<b>211 CTR PK DR</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 Pennington Grant* *Erica Pennington Grant* **4-29-96** **423 675 6777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)