

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Janet B. Northam
 Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P93000085062 (6)

1. Corporation Name
ERLING AUTOMATION INCORPORATED

Principal Place of Business Mailing Address
5400 1/2 58TH ST. NORTH #18A KENNETH CITY, FL 33709 **SAME**

2. Principal Place of Business 2a. Mailing Address
 21 **5400 1/2 58TH ST. NORTH** 26 **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **18A** 27
 City & State City & State
 23 **KENNETH CITY, FL** 28
 Zip Country Zip Country
 24 **33709** 25 **FLORIDA** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12-6-93 **1995**

4. FEI Number Applied For
59-3217878 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

9. Name and Address of Current Registered Agent
WILLIAM C. HARRISON
233 THIRD ST. N. # 301
ST. PETERSBURG, FL 33701

10. Name and Address of New Registered Agent
 81 Name **ERLING S. JANGAARD**
 82 Street Address (P.O. Box Number is Not Acceptable) **575 CRYSTAL DRIVE**
 83
 84 City **MADEIRA BEACH** FL 85 Zip Code **33708**

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 *Erling S. Jangaard* **President** DATE **4-30-97**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ERLING S. JANGAARD	
STREET ADDRESS	575 CRYSTAL DRIVE	
CITY-ST-ZIP	MADEIRA BCH, FL 33708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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*****165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 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 in an attachment with an address.

SIGNATURE *Erling S. Jangaard* **ERLING S. JANGAARD-30-97** **PRESIDENT**