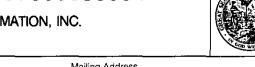
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P97000035354

1. Entity Name





04-28-2003 91411 033 ***150.00

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W. W. GAY FACILITY AUTOMATION, INC. Principal Place of Business Mailing Address 526 STOCKTON STREET **526 STOCKTON STREET** JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3443599 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLBROOK, H. LEON Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 2301** JACKSONVILLE FL 32202 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or orinted name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition X Delete PAINTER, ROGER W NAME NAME STREET ADORESS 526 STOCKTON STREET STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE **Delete** GAY, WILLIAM W NAME STREET ADDRESS **526 STOCKTON STREET** STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition n HOWALD, FRANK B NAME NAME STREET ADDRESS **526 STOCKTON STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32204 VP15EC Addition TITLE Change TITLE ☐ Delete RICHARD P. DABER 1.72 C NAME NAME STOCKTON ST. STREET ADDRESS STREET ADDRESS 526 JAX FL 32204 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I 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 report or supplemental 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 10 or Block 11 if

SIGNATURE: