

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S88699**

(1)

1. Corporation Name

RAI AUTOMATION SERVICES, INC.

800001466888

-04/27/95--01065--001

******208.75 ****208.75**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308**

Mailing Address
**PO BOX 12200
TALLAHASSEE FL 32317-2200**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ATKINS, ROBERT L.
1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name
Jacobs, Joseph W.
82 Street Address (P.O. Box Number is Not Acceptable)
1545 Raymond Diehl Rd., 3rd Floor
83
84 City
Tallahassee FL 85 Zip Code
32308

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

Joseph W. Jacobs

4/18/95

(Signature) or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required upon recording)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
ATKINS, KATHLEEN B
1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
ATKINS, ROBERT L
1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
ROSS, ROBERT
1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DT
MCDEVITT, FRANK J.
1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DS
BARKER, JAMES H.
1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
NEWMAN, JAMES W JR
1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P, D
Jacobs, Joseph W.
1545 Raymond Diehl Rd., 3rd Floor
Tallahassee, FL 32308** ☒ Change ☐ Addition

21 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**T, V
Atkins, Kathleen B.
1545 Raymond Diehl Rd., 3rd Floor
Tallahassee, FL 32308** ☒ Change ☐ Addition

31 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
Beck, Michael P.
1545 Raymond Diehl Rd., 3rd Floor
Tallahassee, FL 32308** ☒ Change ☐ Addition

41 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D ☒ Change ☐ Addition

51 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
4/25/95 NSP ☐ Change ☐ Addition

61 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
Solloway, William J.
1545 Raymond Diehl Rd., 3rd Floor
Tallahassee, FL 32308** ☒ Change ☐ 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(2)(b), 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 in an attachment with an address.

SIGNATURE:

Joseph W. Jacobs

4/18/95

904-386-1115

(Signature) or printed name of signing officer or director

(Date)

(Telephone Number)

2

ATTACHMENT TO 1995 ANNUAL REPORT FOR
RAI AUTOMATION SERVICES, INC.

<i>TITLE NAME STREET ADDRESS CITY-ST-ZIP</i>	D ☐ Change ☐ Addition NEER, HOWARD L. 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	<i>TITLE NAME STREET ADDRESS CITY-ST-ZIP</i>	☐ Change ☐ Addition
<i>TITLE NAME STREET ADDRESS CITY-ST-ZIP</i>	D ☐ Change ☐ Addition OLIVA, MARCELINO 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	<i>TITLE NAME STREET ADDRESS CITY-ST-ZIP</i>	☐ Change ☐ Addition