**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

1545 RAYMOND DIEHL ROAD

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL 32308

3RD FLOOR

21

22

23

24

Zip



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

RAI AUTOMATION SERVICES, INC.

Country

9. Name and Address of Current Registered Agent

25

4545 DAVIAGNID DIEUL DOAD

JACOBS, JOSEPH W

Mailing Address

PO BOX 12200

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

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TALLAHASSEE FL 32317-2200

## **FILED** Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90017 023 \*\*\*558.75

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Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

∏ No



X

X Yes

		DO NOT WRITE IN THIS SPACE
3.	Date incorpor	ated or Qualified

10/21/1991

59-3113218

Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

6. Election Campaign Financing

Intangible Personal Property.

8. This corporation owes the current year

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

1343 RATINOND DIETL ROAD				
3RD FLOOR		83		
TALLAHASSEE FL 32308		84	City	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig</li> </ol>	of Florida. Such change was auth	orized by t	the corp	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	A)OTE	B1-11 1-		re required when reinstation) DATE
Signature, typed or printed name of registered age  12. OFFICERS AN	ND DIRECTORS	13.	ent signatu	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD		1.1 TITLE		DC X Change Addition
{ · -	☐ DELETE	1.2 NAME		DC 25 Change [] Addition
JACOBS, JOSEPH W	ADD ELOOD			
STREET ADDRESS 1545 RAYMOND DIEHL ROAD,	, 3RD FLOOR	1.3 STREET /		
TALLAHASSEE FL 32308		14 CITY-ST-	ZIP	
TVD	X DELETE	2.1 TITLE		PD Change X Addition
IAME ATKINS, KATHLEEN B		2.2 NAME		McCann, John D.
TREET ADDRESS 1545 RAYMOND DIEHL ROAD,	3RD FLOOR	2.3 STREET A	ADDRESS	1545 Raymond Diehl Rd., 3rd Floor
TALLAHASSEE FL 32308		2.4 CITY-ST-	ZIP	Tallahasson FI 32308
TILE D	DELETE	3.1 THILE		D Change K Addition
IAME BECK, MICHAEL P		3.2 NAME		Patterson, DO, Todd
STREET ADDRESS 1545 RAYMOND DIEHL ROAD,	3RD FLOOR	3.3 STREET A	ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32308		3.4 CITY-ST-	ZIP	1545 Raymond Diehl Rd 3rd Floor Tallahassee, FL 32308
TITLE D	X DELETE	4.1 TITLE		Change Addition
IAME MCDEVITT, FRANK J DR.		4.2 NAME		Eckerlein, DPM, Ronald F.
STREET ADDRESS 1545 RAYMOND DIEHL ROAD.	3RD FLOOR	4.3 STREET A	ADDRESS	1545 Raymond Diehl Rd., 3rd Floor
ITY-ST-ZIP TALLAHASSEE FL 32308		4.4 CITY-ST-	ZIP	Tallahassee, FL 32308
ITLE DS	X DELETE	5.1 TITLE		Change Addition
BARKER, JAMES H DR.	_	5.2 NAME		
STREET ADDRESS 1545 RAYMOND DIEHL ROAD,	3RD FLOOR	5.3 STREET	ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32308	. <u> </u>	5.4 CITY-ST-	ZIP	
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET	NOORESS	
CITY-ST-ZIP		6.4 CITY-ST-	ZIP	
	this filing does not qualify for the	exemption	stated in	section 119.07(3)(i), Florida Statutes. I further certify that the information

Country

81 Name

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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 of 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. REQUISINID. McCann

SIGNATURE:

7/12/99

850-386-1115