DOCUMENT # 560178

1. Entity Name
AUTOMATION TECHNOLOGY, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State
01-12-2001 90021 028 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1710 HWY 29 S CANTONMENT FL 32533 US	P O BOX 968 GONZALEZ FL 32560 US

2. Principal Place of Business	3. Mailing Address
8210 N. CENTURY	P.O. BOX 157
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CENTURY, FL	City & State: CENTURY, FL
Zip: 32535 — Country: ESCAMBIA	Zip: 32535 — Country: ESCAMBIA

4. FEI Number 59-1766175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, WESLEY W.
5761 HWY 29 NORTH
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

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

SIGNATURE Wesley W. Knowles — 1/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOWLES, W.W. RT 2, BOX 465 CANTONMENT FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JEANETTE METCALF 2534 CORRAL DR. ~~CANTONMENT, FL 32533~~	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD METCALF, C.B., JR 2534 CORRAL DRIVE CANTONMENT, FL 32533	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wesley W. Knowles — 1/5/01 (850) 256-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #