

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

0482914

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 574289

1. Corporation Name

AUTOMATION SCIENCES, INC.



Principal Place of Business

4306 N. TAMiami TRAIL
SARASOTA FL 34234
US

Mailing Address

4306 N. TAMiami TRAIL
SARASOTA FL 34234
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1978

4. FEI Number

59-1829921

Applied For
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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

MCKENNA, DIANNE
2624 SIESTA DRIVE
SARASOTA FL 34239

81 Name DUBBS, DR. GUSTAVE

82 Street Address (P.O. Box Number is Not Acceptable)
344 SIESTA DR.

83

84 City SARASOTA

85 Zip Code
FL 34242

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

Gustave Dubbs, Vice-P, Director 4/23/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME PD
DUBBS, DANIEL
STREET ADDRESS 4721 ATLANTIC AVE.
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition

NAME SD

STREET ADDRESS 4721 ATLANTIC AVE.
CITY-ST-ZIP SARASOTA FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME SD
MCKEENA, DIANE
STREET ADDRESS 2624 SIESTA DRIVE
CITY-ST-ZIP SARASOTA FL 34239

2.1 TITLE ☐ Change ☐ Addition

NAME TD

STREET ADDRESS 2624 SIESTA DRIVE
CITY-ST-ZIP SARASOTA FL 34239

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TD
DUBBS, DOLORES
STREET ADDRESS 344 SIESTA DRIVE
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VD
DUBBS, GUSTAVE
STREET ADDRESS 344 SIESTA DR.
CITY-ST-ZIP SARASOTA FL 34242

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dolores Dubbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolores Dubbs

4-23-99

Date

941 355-0595

Daytime Phone #

CR2E034 (11/98)