

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90189 036 \*\*\*150.00

**DOCUMENT # F01000005626**

1. Entity Name  
**EPOS CORPORATION**



Principal Place of Business  
**177 TECHNOLOGY PKWY  
AUBURN, AL 36830**

Mailing Address  
**PO BOX 3140  
AUBURN, AL 36831-3140**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**63-0831376**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD  
LAWLER, MICHAEL A  
22283 HWY 49S  
TALLAHASSEE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BYRD, JAMES F  
813 MOORES MILL DRIVE  
AUBURN, AL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
JOHNSON, TIMOTHY A  
171 ASHETON LANE  
AUBURN, AL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael Lightfoot*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/04*

Date

*334 321 3767*

Daytime Phone #