

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F94000004990 (7)

1. Corporation Name

AMERICAN AUTOMATION, INC.



Principal Place of Business

Mailing Address

**100 CESSNA BLVD.
DAYTONA BEACH FL 32124**

**100 CESSNA BLVD.
DAYTONA BEACH FL 32124**

3. Date Incorporated or Qualified
09/27/1994

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number

31-0974518

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

**HINKLEY, PATRICIA A
100 CESSNA BLVD.
DAYTONA BEACH FL 32124**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Patricia A. Hinkley **PATRICIA A. HINKLEY VP-Finance**

6/19/96

Sign typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HINKLEY, THOMAS J	
STREET ADDRESS	2642 SPRUCE CREEK BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	VST	☐ DELETE
NAME	HINKLEY, PATRICIA A	
STREET ADDRESS	2642 SPRUCE CREEK BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	2894 Borman Court
14 CITY-ST-ZIP	Daytona Beach, Fla 32124-6781
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	2894 Borman Court
24 CITY-ST-ZIP	Daytona Beach, Fla 32124-6781
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Patricia A. Hinkley

PATRICIA A. HINKLEY

619-96

904 767 3350

Signature and typed or printed name of signing officer or director

Date

Display Phone #

CR2E034 (3/96)