FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G65647 (1)

1. Corporation Name
SHAMROCK AUTOMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
3159 SHAMROCK DRIVE SOUTH P.O.BOX 13117 TALLAHASSEE FL 32317-0117	3159 SHAMROCK DRIVE SOUTH P.O.BOX 13117 TALLAHASSEE FL 32317-0117

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1983
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-2334480 ☐ 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

JOHNSON, JAMES S.
3159 SHAMROCK SOUTH
TALLAHASSEE FL 32308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCUE, WILLIAM, JR.	1.2 NAME	See the attached sheet.
STREET ADDRESS	3159 SHAMROCK SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON,JAMES S.	2.2 NAME	
STREET ADDRESS	3159 SHAMROCK SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, ROBERT, JR.	3.2 NAME	
STREET ADDRESS	3159 SHAMROCK SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, RICHARD	4.2 NAME	
STREET ADDRESS	2206-A N.E. 26TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CHAZAL, RICHARD	5.2 NAME	
STREET ADDRESS	104 SE 1ST AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FIELDING, ALICE	6.2 NAME	
STREET ADDRESS	4551 BROWN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 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)(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.

SIGNATURE: _____ 2/10/95 893-4153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400222 FP

SHAMROCK

1994-1995

PRESIDENT

William G. McCue, Jr., AAI	FAIA 3159 Shamrock South Tallahassee 32308	(904) 893-4155 FAX: (904) 688-2652

VICE PRESIDENT

Alex Soto, CPCU, ARM	Pennekamp & Soto Insurance Agency 1434 South Miami Avenue Miami 33130-4317	(305) 371-6464 FAX: (305) 372-2762

SECRETARY AND TREASURER

Linda A. Pate	FAIA 3159 Shamrock South Tallahassee 32308	(904) 893-4155 FAX: (904) 688-2652

DIRECTORS

M. C. Harden, III	Harden & Associates, Inc. 806 Riverside Avenue Jacksonville 32203	(904) 354-3785 FAX: (904) 634-1302
Earl E. Horton, Jr., CPCU	Robbins Insurance, Inc. 601 Bayshore Boulevard, #980 Tampa 33606	(813) 251-1099 FAX: (813) 251-1583

The Vice President is the person who serves as the Chairman of the FAIA Board during the Association's year.