

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 27 1996 8:00 am

Secretary of State

DOCUMENT # **G65647** (1)

1. Corporation Name

SHAMROCK AUTOMATION SYSTEMS, INC.



Principal Place of Business

**3159 SHAMROCK DRIVE SOUTH
P.O. BOX 13117
TALLAHASSEE FL 32317-0117**

Mailing Address

**3159 SHAMROCK DRIVE SOUTH
P.O. BOX 13117
TALLAHASSEE FL 32317-0117**

3. Date Incorporated or Qualified

10/19/1983

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

3159 Shamrock Dr. S.

Suite, Apt. #, etc.

P.O. Box 12129

City & State

Tallahassee, fl

Zip

32317

Country

29

30

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

William G. McCue, Jr.

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

83

3159 Shamrock South

84 City

Tallahassee

FL

85 Zip Code

32308

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

W. G. McCue Jr.

(NOTE: Registered Agent Signature required when resubmitting)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE
NAME **MCCUE, WILLIAM, JR.**
STREET ADDRESS **3159 SHAMROCK SOUTH**
CITY- ST- ZIP **TALLAHASSEE FL**

TITLE **ST** ☒ DELETE
NAME **JOHNSON, JAMES S.**
STREET ADDRESS **3159 SHAMROCK SOUTH**
CITY- ST- ZIP **TALLAHASSEE FL**

TITLE **VP** ☒ DELETE
NAME **SOTO, ALEX**
STREET ADDRESS **1434 SOUTH MIAMI AVENUE**
CITY- ST- ZIP **MIAMI FL**

TITLE **ST** ☐ DELETE
NAME **PATE, LINDA A**
STREET ADDRESS **3159 SHAMROCK SOUTH**
CITY- ST- ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **HARDEN, M C III**
STREET ADDRESS **806 RIVERSIDE AVENUE**
CITY- ST- ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **HORTON, EARL E JR**
STREET ADDRESS **601 BAYSHORE BOULEVARD, #980**
CITY- ST- ZIP **TAMPA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

VP

Daniel G. Darnenhauer

P.O. Box 6188 N/A

Ft. Myers, FL 33911-6188

5.000017981145

-04/29/96--01032--016

*****200.00**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. G. McCue Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)