

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H68629** (5)

1. Corporation Name

AUTONOMOUS TECHNOLOGIES CORPORATION



Principal Place of Business

**520 N. SEMORAN BLVD., STE 180
ORLANDO FL 32807**

Mailing Address

**520 N. SEMORAN BLVD., STE 180
ORLANDO FL 32807**

3. Date Incorporated or Qualified
07/23/1985

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2554729

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

10. Name and Address of New Registered Agent

**GRIMM, WILLIAM A
255 S. ORANGE AVE
SUITE 1700
ORLANDO FL 32801**

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 607.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of the person signing this statement)

Signature (typed or printed name of the person signing this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE **POT** ☐ DELETE

NAME **FREY, RUDOLPH WILLIAM**
STREET ADDRESS **2207 MALLARD CIRCLE**
CITY-STATE-ZIP **WINTER PARK FL 32789**

TITLE **VPD** ☐ DELETE

NAME **DOWNES, G. RICHARD**
STREET ADDRESS **1220 HARDMAN DR.**
CITY-STATE-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ DELETE

NAME **HEBERT, G ARTHUR**
STREET ADDRESS **1061 MAITLAND CENTER COMMONS 209**
CITY-STATE-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ DELETE

NAME **RUFFETT, STANLEY**
STREET ADDRESS **1471 MAGELLAN CR.**
CITY-STATE-ZIP **ORLANDO FL 32818**

TITLE **D** ☒ DELETE

NAME **WALTS, TERRY**
STREET ADDRESS **7915 FAWNDALE WAY**
CITY-STATE-ZIP **ATLANTA GA**

TITLE **S** ☐ DELETE

NAME **GRIMM, WILLIAM A**
STREET ADDRESS **255 S ORANGEW AVE STE 1700**
CITY-STATE-ZIP **ORLANDO FL 32801**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/C/CEO/D** ☒ Change ☐ Addition

1.2 NAME **Frey, Rudolph William**
1.3 STREET ADDRESS **2207 Mallard Circle**
1.4 CITY-STATE-ZIP **Winter Park, FL 32789**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE **EVP/D/COO** ☐ Change ☒ Addition

3.2 NAME **Capozza, Richard C.**
3.3 STREET ADDRESS **3756 Ventura Cove Dr.**
3.4 CITY-STATE-ZIP **Orlando, FL 32822**

4.1 TITLE **VP/T/CFO** ☐ Change ☒ Addition

4.2 NAME **Allen, Monty K.**
4.3 STREET ADDRESS **2050 Goldwater Circle**
4.4 CITY-STATE-ZIP **Maitland, FL 32751**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Barabe, Timothy**
5.3 STREET ADDRESS **1520 Montclair Way**
5.4 CITY-STATE-ZIP **Duluth, GA 30136**

6.1 TITLE **S** ☒ Change ☐ Addition

6.2 NAME **Grimm, William A.**
6.3 STREET ADDRESS **255 S. Orange Ave, Suite 1700**
6.4 CITY-STATE-ZIP **Orlando, FL 32801**

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 of this report or on an attachment with my address.

SIGNATURE:

William A. Grimm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William A. Grimm

4/30/96

407-843-7860

CR2E034 (12/95)