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

DOCUMENT # **H96464** **(3)**

1. Corporation Name

AUTOMATIC EQUIPMENT COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
6334 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169	6334 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169

3. Date Incorporated or Qualified: **01/29/1986**	3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-2652560**	☐ 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	

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BOWMAN, JOHN A. V
6334 SOUTH ATLANTIC AVE
NEW SMYRNA BCH. FL 32169-1703

10. Name and Address of New Registered Agent

81 Name: SAME AS shown ITEM 9
82 Street Address (P.O. Box Number is Not Acceptable): " "
83
84 City: " " FL 85 Zip Code: -4703

11. Pursuant to the provisions of Section 607.0502 and F.S. 1996, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N°2	
TITLE	P ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	BOWMAN, SANDRA J.	2 NAME	
STREET ADDRESS	6334 S.ATLANTIC AVE.	3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	BOWMAN, JOHN A.	6 NAME	
STREET ADDRESS	6334 S.ATLANTIC AVE.	7 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	8 CITY-ST-ZIP	
TITLE	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY-ST-ZIP		12 CITY-ST-ZIP	
TITLE	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
TITLE	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is not initially furnished and does not qualify for the exemptions 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 attached sheet with an X above.

SIGNATURE: Sandra J. Bowman, President 3/26/96 904-426-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)