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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 32169-4703

3. Date Incorporated or Qualified: 01/29/1986
3a. Date of Last Report: 04/01/1996

2. Principal Place of Business
21: 2598 GLENVIEW DRIVE
22: Suite, Apt #, etc.
23: City & State: NEW SMYRNA BEACH, FL
24: Zip: 32168
25: Country: VOLUSIA

2a. Mailing Address
26: 2598 GLENVIEW DRIVE
27: Suite, Apt #, etc
28: City & State: NEW SMYRNA BEACH, FL
29: Zip: 32168
30: Country: VOLUSIA

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: BOWMAN, JOHN A. V
82 Street Address (P.O. Box Number is Not Acceptable): 2598 GLENVIEW DRIVE
83:
84 City: NEW SMYRNA BEACH FL 85 Zip Code: 32168

NOTE: New address only since new registered agent

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: John A. Bowman II, Vice President — January 16, 1997
(Signature and typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BOWMAN, SANDRA J.		1.2 NAME	BOWMAN, SANDRA J.	
STREET ADDRESS	6334 S.ATLANTIC AVE.		1.3 STREET ADDRESS	2598 GLENVIEW DRIVE	
CITY-ST-ZIP	NEW SMYRNA BCH. FL		1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	V	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	BOWMAN, JOHN A.		2.2 NAME	BOWMAN, JOHN A.	
STREET ADDRESS	6334 S.ATLANTIC AVE.		2.3 STREET ADDRESS	2598 GLENVIEW DRIVE	
CITY-ST-ZIP	NEW SMYRNA BCH. FL		2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Sandra J. Bowman, President — 1-16-97 — 904-426-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004981