

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H96464** (3)  
1. Corporation Name  
**AUTOMATIC EQUIPMENT COMPANY, INCORPORATED**



Principal Place of Business <b>6334 S ATLANTIC AVE NEW SMYRNA BEACH FL 32168 US</b>	Mailing Address <b>2598 GLENVIEW DRIVE NEW SMYRNA BEACH FL 32168 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2598 Glenview Dr</b>		2a. Mailing Address 26 <b>2598 Glenview Dr</b>		3. Date Incorporated or Qualified <b>01/29/1986</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-2652560</b>	
City & State 23 <b>New Smyrna Beach, FL</b>		City & State 28 <b>New Smyrna Beach, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>32168</b>		Country 25 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 26 <b>USA</b>		Zip 29 <b>32168</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BOWMAN, JOHN A. V 2598 GLENVIEW DRIVE NEW SMYRNA BCH. FL 32168</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				<b>FL</b>			

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 \_\_\_\_\_  
Signature, 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	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BOWMAN, SANDRA J.</b>			1.2 NAME			
STREET ADDRESS	<b>6334 S. ATLANTIC AVE.</b>			1.3 STREET ADDRESS	<b>2598 Glenview Drive</b>		
CITY-ST-ZIP	<b>NEW SMYRNA BCH. FL</b>			1.4 CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL 32168</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BOWMAN, JOHN A.</b>			2.2 NAME			
STREET ADDRESS	<b>6334 S. ATLANTIC AVE.</b>			2.3 STREET ADDRESS	<b>2598 Glenview Drive</b>		
CITY-ST-ZIP	<b>NEW SMYRNA BCH. FL</b>			2.4 CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL 32168</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 1-14-98 944-476-6444*

CR2E034 (10/97)