

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 20 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J80110

(6)

1. Corporation Name

CMS AUTOMATION SYSTEMS, INC.

Principal Place of Business

13630 58TH ST #107
CLEARWATER FL 34620

Mailing Address

13630 58TH ST #107
CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1987

3a. Date of Last Report

08/02/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

4. FEI Number

59-2817698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HILL, THOMAS M.
13630 59TH NORTH, STE 107
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

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 607.0505, 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

TITLE

D

NAME

HILL, THOMAS M.

STREET ADDRESS

4505 131ST AVENUE N. #13

CITY - ST - ZIP

CLEARWATER FL

TITLE

D

NAME

MCCOOL, MICHAEL J., SR.

STREET ADDRESS

14996 55 WAY NORTH

CITY - ST - ZIP

CLEARWATER FL

TITLE

D

NAME

FERRITTO, ALLAN

STREET ADDRESS

545 WEST GATEWAY COURT

CITY - ST - ZIP

MERRITT ISLAND FL

TITLE

D

NAME

TUTHILL, ALLEN F.

STREET ADDRESS

873 HARBOR HILL DRIVE

CITY - ST - ZIP

SAFETY HARBOR FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Hill, Thomas M.
10529 Hetrick Cr.
Largo, FL 34644

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Tuthill, Allen F.
1827 N. Elinor St.
Applenton WI 54914

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 affidavit.

SIGNATURE:

Thomas M. Hill Pres. Thomas M. Hill 7/17/95

813-536-8399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR