FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L76470** **(8)**

1. Corporation Name
S & A AUTOMATED SYSTEMS, INC.

Principal Place of Business	Mailing Address
123 NW 13TH ST SUITE 222 BOCA RATON FL 33432	123 NW 13TH ST SUITE 222 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/29/1990	04/04/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 P. O. Box 176	65-0201410	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Boca Raton, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 33429 / 30	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
SPURLOCK, JACK M. 123 NW 13TH ST SUITE 222 BOCA RATON FL 33432	81 Name: SPURLOCK, JACK M. (Same) 82 Street Address (P.O. Box Number is Not Acceptable): 4491 Crystal Lake Drive 83 Suite 102-B 84 City: Pompano Beach FL 85 Zip Code: 33064

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: Jack M. Spurlock, President — 4-26-95
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	PC	1.1 TITLE	☒ Change ☐ Addition PC
NAME	SPURLOCK, JACK M	1.2 NAME	SPURLOCK, JACK M.
STREET ADDRESS	15 ROYAL PALM WAY #304	1.3 STREET ADDRESS	4491 Crystal Lake Drive; Suite 102-B
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	SPURLOCK, PAUL A	2.2 NAME	
STREET ADDRESS	6332 COUNTRY FAIR CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SPURLOCK, PAUL A	3.2 NAME	
STREET ADDRESS	6332 COUNTRY FAIR CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Jack M. Spurlock — Jack M. Spurlock — 4-26-95 — 305/782-1956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0259964 CP