

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90083 027 ***150.00

DOCUMENT # P31511

1. Corporation Name

FACILITY ROBOTICS, INC.

Principal Place of Business

P.O. BOX 991
SELMA AL 36702-0991

Mailing Address

P.O. BOX 991
SELMA AL 36702-0991

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1990

4. FEI Number

63-0839434

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

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SILVERMAN, LIONEL
50 BELCHER ROAD SOUTH
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

MARTIN G. BURKE

82 Street Address (P.O. Box Number is Not Acceptable)

50 BELCHER ROAD SOUTH

83

CLEARWATER FL 34624

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

Martin Burke MARTIN BURKE / DIRECTOR / FLA OPERATIONS

4/13/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
NAME VILLALOBOS, VIC
STREET ADDRESS 875 OLD ROSWELL RD., C400
CITY-ST-ZIP ROSWELL GA

TITLE VCV ☒ DELETE
NAME SLAGEL, M.W.
STREET ADDRESS 1109 SINGLETON AVENUE
CITY-ST-ZIP SELMA AL

TITLE DST ☒ DELETE
NAME DUDLEY, S.W.
STREET ADDRESS 1109 SINGLETON DRIVE
CITY-ST-ZIP SELMA AL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P/T ☒ Change ☐ Addition
1.2 NAME VIC VILLALOBOS
1.3 STREET ADDRESS 400 MARKET PLACE
1.4 CITY-ST-ZIP ROSWELL, GA 30075

2.1 TITLE V/S ☐ Change ☒ Addition
2.2 NAME WILLIAM J. BOSTON
2.3 STREET ADDRESS 400 MARKET PLACE
2.4 CITY-ST-ZIP ROSWELL, GA 30075

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/22/99

770-640-0071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0523006