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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085062 (6)

ERLING AUTOMATION INCORPORATED

Mailing Address Principal Place of Business 5400 1/2 58TH ST. NORTH 5400 1/2 58TH ST. NORTH #18A DO NOT WRITE IN THIS SPACE KENNETH CITY FL 33709 KENNETH CITY FL 33709 3. Date Incorporated or Qualified 12/06/1993 2. Principal Place of Business 2a. Mailing Address Applied For 59-3217878 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 26 Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes □ № 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JANGAARD, ERLING S **575 CRYSTAL DRIVE** Street Address (P.O. Box Number is Not Acceptable) MADEIRA BEACH FL 33708 City Zip Code 85 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 11 TITLE TITLE Jangaard, Erling S 1.2 NAME NAME **575 CRYSTAL DRIVE** 1.3 STREET ADDRESS STREET ADDRESS MADEIRA BEACH FL 33708 14 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 21 TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-28 Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change Addition DELETE TITLE 6 1 TITLE

14. 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 of provided by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with a address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 14 1998 8:00am

Secretary of State