

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

FILED
Jul 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000077393 (4)

1. Corporation Name

AUTOMATED TOOL, INC.



Principal Place of Business

Mailing Address

1358 FRUITVILLE RD
SARASOTA FL 34236-4910

1358 FRUITVILLE RD
SARASOTA FL 34236-4910

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1461 R. TALLEY RD

Suite, Apt. #, etc.

22 City & State

23 SARASOTA, FL

24 Zip 34270

25 Country USA

2a. Mailing Address

26 PO Box 1205

Suite, Apt. #, etc.

27 City & State

28 TALLEY RD, FL

29 Zip 34270

30 Country USA

3. Date Incorporated or Qualified

10/18/1994

4. FEI Number

65-0528417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

MOORE, JOHN
1800 SECOND ST
SUITE 803
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

Stephanie Reincke

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

1800 Second St.

83

Suite 803

84 City

SARASOTA

FL

85 Zip Code

34236

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

6/22/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SWATEK, ERIC M
STREET ADDRESS 2642 OAKMERE LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☒ DELETE

NAME ROWE, KURT S
STREET ADDRESS 4141 AUGUSTINE AVE.
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME Eric Swatek
1.3 STREET ADDRESS 4540 8th Street
1.4 CITY-ST-ZIP SARASOTA, FL 34232

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

600002584096
-07/09/98--01032--020
***150.00

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

Eric M Swatek Pres

6/22/98

CR2E034 (10/97)