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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010619 (1)

O'NEAL AUTOMATION CORPORATION

1308 ORTEGA STREET 1308 ORTEGA STREET WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3310776 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional \Box Certificate of Status Desired. Fee Required 22 は 100 mm 100 m City & State City & State 6. Election Campaign Emancing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible Yes No. 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name O'NEAL, RICHARD 1308 ORTEGA ST. Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 83 City 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 title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change Addition TITLE 1.1 1111.6 O'NEAL, RICHARD NAME 1.2 NAME **1308 ORTEGA STREET** STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CDY-ST-ZIP ☐ Change DELETE Addition TITLE 3.1 11TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE Change Addition TITLE 4.1 111([NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY+ST ZIP DELETE Change Addition 5.1 THLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP City-ST-ZIP DELLITE ☐ Change ☐ Addition 61 HILE TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

6.3 STREET ADDRESS

CR2E034 (10/97)

FILED

Jan 15 1998 8:00am

Secretary of State