SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 PM 1:09

DOCUMENT # **P95000036171 (3)**

1. Corporation Name

AUTOMATION CONTROL TECHNOLOGIES INC.

Principal Place of Business	Mailing Address
166 BARBERRY LANE PONTE VEDRE BEACH FL 32082	166 BARBERRY LANE PONTE VEDRE BEACH FL 32082

3. Date Incorporated or Qualified: 05/04/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 166 BARBERRY LANE	26 166 BARBERRY LANE
Suite, Apt. #, etc 22 —	Suite, Apt. #, etc 27 —
City & State 23 PONTE VEDRA BEACH, FL	City & State 28 PONTE VEDRA BEACH, FL
Zip 24 32082	Zip 29 32082
Country 25 U.S.A.	Country 30 U.S.A.

4. FEI Number: 59-3376105 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WRIGHT, DIANE D
166 BARBERRY LANE
PONTE VEDRE BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name: WRIGHT, DIANE D
82 Street Address (P.O. Box Number is Not Acceptable): 166 BARBERRY LANE
83 —
84 City: PONTE VEDRA BEACH, FL 85 Zip Code: 32082

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 _____ (NOTE: Registered Agent signature required when reinstating) Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Scott Brian Wright		12 NAME	
STREET ADDRESS	166 Barberry Ln		13 STREET ADDRESS	
CITY-ST-ZIP	Ponte Vedra Bch, FL 32082		14 CITY-ST-ZIP	
TITLE	Vice President	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Diane Deguzman Wright		22 NAME	AC 9-27
STREET ADDRESS	166 Barberry Ln		23 STREET ADDRESS	
CITY-ST-ZIP	Ponte Vedra Bch, FL 32082		24 CITY-ST-ZIP	
TITLE	Secretary-Treasurer	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Michael H. Wright		32 NAME	000001961180
STREET ADDRESS	1026 Arleo Lane		33 STREET ADDRESS	-10/01/96--01123--015
CITY-ST-ZIP	Tacoma, WA 98466		34 CITY-ST-ZIP	****225.00 ****225.00
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott Brian Wright — 7/18/96 — 904-285-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000787 CP