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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000039288 (2)

AUTOMATED PROCESS EQUIPMENT, INC. Principal Place of Business Mailing Address 330 BRANNEN RD. W 330 BRANNEN RD W LAKELAND FL 33813 LAKELAND FL 33813-2709 3a. Date of Last Report 3. Date Incorporated or Qualified 06/01/1995 02/26/1996 2. Principal Place of Business 2a. Maling Address 4. FEI Number Applied For 59-3314569 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country  $Z_{(0)}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PETTERSON, JOHN E. 330 BRANNEN RD W 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 84 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 for 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 if am familiar with land accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regissers diagent and the it applicable (NOTE: Registered Agent signature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1,1 TITLE PETTERSON, JOHN E NAME 1.2 NAME 330 BRANNEN RD W. LAKELAND FL 33813 P O BOX 336 N/A STREET ADDRESS 1.3 STREET ADDRESS MULBERRY FL 33860-0336 1 4 CITY - ST-ZIP CITY - ST - ZIP DELETE TITLE 2.1 TITLE BROWN, JR. WILLIAM B. NAME 2.2 NAME BRANNEN ROW STREET ADDRESS 23 STREET ADDRESS CELAND FL 32813 2 4 CITY-ST-ZIP CITY - ST - ZIP Addition TITLE 3.1 THUE ☐ Change NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE TIFLE 4.1 TITLE Change ☐ Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ACORESS CITY-ST-Z-P 4.4 CITY - ST - ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this firing 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 of charged, or on an attachment with an address.

SIGNATURE:

JOHN E. PETTERSON 1-9-9-

941-648-4414 (96/6)

CR2E034

**FILED** 

Jan 16 1997 8:00am

Secretary of State