

ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
UNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073828**

ADVANCED AUTOMATION, INC.

Principal Place of Business
INDUSTRY RD
WOOD FL 32750-3646

Mailing Address
701 INDUSTRY RD
SUITE 1
LONGWOOD FL 32750-3646

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90007 044 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

09/22/1995

4. FEI Number

59-3335514

Applied For

Not Applicable

ite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

y & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Country

25

Zip

29

Country

30

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORG, DONALD A
701 INDUSTRY RD
SUITE 1
LONGWOOD FL 32750-3646

81 Name

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

83

84 City

FL

85 Zip Code

ursuant 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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS
PTSV
FORG, DONALD A
3821 HERITAGE OAKS CT
ZIP OVIEDO FL 32765

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PTSV

FORG, DONALD A.
794 E. CHARING CROSS CIRCLE
LAKE MARY, FL. 32746

☒ Change ☐ Addition

ADDRESS
ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

ereby 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
licated 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
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
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

9/3/99 407 260-9109

CR2E034 (5/99)