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 # P96000014138 (7)

AUTOLOCK RESOURCES INC.

Principal Place of Business Mailing Address			····		
8400 PITTMAN AVENUE PENSACOLA FL 32534		8400 PITTMAN AVENUE PENSACOLA FL 32534-3740			
				3. Date Incorporated or Qualified 3a 02/09/1996	a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite And Hode		26		59-3341502	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7(p	Country	Trust Fund Contribution	Added to Fees
24	25	29	[30]	8. This corporation has liability for intang	gible tax under s. 199.032, s IV No
241	9. Name and Address of Curren		30	10. Name and Address of New Registe	
YOU	ING, STEVE E		81 Namo		
8400 PITTMAN AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	SACOLA FL 32534		3110017400	ress (F.O. Box Number is Not Acceptable)	
			В3		
			84 City		85 Zip Code
44 0	10 TO	0 - 1007 4500 51 11 01 1			FL '
l office of r	egistered agent, or both, in the State	of Horida. Such change was a	Buthorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Statutes.	,	()
SIGNATURE	Signature, typod or printed name of registered age	ne and the ill applicable (NO)1	F Registered Agent signature requ	ured when reinstating) DA	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
12.	OFFICERS AND		18.	ADDITIONS/CHANGES TO OFFICERS	
TALE	D	DELFTE	1.1 TITLE		Change Addition
NAME	Young, steve e		1.2 NAME		
STREET ADDRESS	7990 BURSTAFF ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		1.4 CITY+SI-ZIP		
TITLE		L] DETETE	2 1 7 MLF		Change Addition
NAME			2.2 NAMI		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-ZIP		CALCIE	2 4 CITY-ST-ZIP		
TITLE NAME		L_J DELETE	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	3.4. CITY - S? - ZIP 4.1 TITLE		Change Addition
NAME			4 2 NAML		C Vilange C Vilanion
STREET ADDRESS			4 9 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY · ST · ZIP		
TITLE		☐ DELE1E	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CrTY - ST - 7IP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

14. I do 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.

CIGNATURE.

STREET ADDRESS

Stove EV

1.19.97

anl-1171-2799

FILED

May 06 1997 8:00am

Secretary of State