

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000054548 (8)

1. Corporation Name

CLIPPER AUTOMATION CORPORATION

Principal Place of Business

800 LAUREL OAK DRIVE STE 400  
NAPLES FL 33963-2738

Mailing Address

800 LAUREL OAK DRIVE STE 400  
NAPLES FL 33963-2738

2. Principal Place of Business

21 403 Old Mill Rd

Suite, Apt. #, etc.

22 #6

City & State

23 Cartersville

Zip

24 GA

Country

25 USA

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FEDOR, BRUCE G ESQ.  
800 LAUREL OAK DRIVE STE 400  
NAPLES FL 33963-2738

3. Date Incorporated or Qualified

06/21/1996

3a. Date of Last Report

00

4. FEI Number

65-0675807

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30 ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

M. A. Hawk

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

EMERGENICS

83

1470 DON ST

84 City

NAPLES

FL

85 Zip Code

34104

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

Mary Ann Hawk

MARY ANN HAWK-CONTROLLER

Mary Ann Hawk

May 5, 1998

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DYKEMA, NORMAN D  
STREET ADDRESS 1470 DON ST  
CITY-ST-ZIP NAPLES FL 33942

TITLE D  
NAME SEAMAN, THOMAS R  
STREET ADDRESS 1470 DON ST  
CITY-ST-ZIP NAPLES FL 33942

TITLE D  
NAME DAVIS, CHARLES A  
STREET ADDRESS 1470 DON ST  
CITY-ST-ZIP NAPLES FL 33942

TITLE D  
NAME HUTTERLY, JOHN T  
STREET ADDRESS 1470 DON ST  
CITY-ST-ZIP NAPLES FL 33942

TITLE D  
NAME BRANCH, THOMAS R  
STREET ADDRESS 1470 DON ST  
CITY-ST-ZIP NAPLES FL 33942

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

John T. Hutterly

JOHN T. HUTTERLY

5-5-98

94-643-174

FILED

98 MAY -8 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

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