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

PROFIT "CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE ..

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P96000054548 or

Clipper Automation Corporation

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90119 034 ***150.00

Principal Place of Business Mailing Address		· ·				
				DO NOT WRITE IN THIS SPACE		
				Date Incorporated or Qualifed	SPACE_	
				(-12.1)9/a		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
11 1470 Don Street 26				65-0675807	— —	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.					Additional
22	27			5. Certifcate of Status Desired		Required
City & State City & State			_	6. Election-Campaign-Financing - \$5.00-May Be		
23 Naples FL 28				Trust Fund Contribution Added to Fees		
Zip Country Zip		Country	1	8. This corporation owes the current year Intangible		
24 34104 25 USA	29	30		Personal Property Tax.	Yes	□No
9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
Mary Ann Hawk		81	Name			
Character Onco			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
46 Energenics corp						
Mary Ann Hawk Clo Energenics Corp 1470 Don St		83	l			
Naples, FL 34104			City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.05						
agent. I am familiar with, and accept the oplig				on's board of directors. I hereby accept the appoir	ntment as	registerea
SIGNATURE MALLE	wh			311	99	
Signature, typed or insted name of registered ag	ent and title if applicable (NOTE	: Registered Ager	nt signature require	od when reinstating) DATE		
	ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AN		
ILLE D	☐ DELETE	1.1 TITLE			Change	e
Dykema, Norman D.		1.2 NAME				
STREET ADDRESS 1470 Don St		1.3 STREE	TADDRESS			
Survey Daples, CC 3	1104	1.4 C(TY-S	T- ZIP			
TITLE D	☐ DELETE	2.1 TITLE			☐ Change	e Addition
NAME Seaman, Thomas R.		2.2 NAME	İ			
STREET ADDRESS 1470 DON St.		2.3 STREE	TADDRESS			
CITY-ST-ZIP Naples FL 31	1104	2. 4 CITY-5	ST-ZIP			
TITLE D	XDELETE _	3.1.TITLE			Change	e Addition
NAME Davis, Charles STREET ADDRESS 1470 Don St	A	3.2 NAME				
	1	33 STREE	TADORESS			
CITY-ST-ZIP Naples FL 34	104	3.4. CITY-5	ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE			☐ Change	e
MAME Hutterly, John	T	4.2 NAME				
STREET ADDRESS 1470 DON'ST		11	TADDRESS			
TITLE DOPES FL 34	HOY	44 CITY-S	T-ZIP			
11116 133 3 7	 	5.1 TITLE			Change	e
NAME Branch, Thomastreet ADDRESS 1470 Don St	s R.	5.2 NAME	ADDRESS			
STREET ADDRESS 1470 Don St CITY-ST-ZIP Names, FL 34 TITLE D NAME Benjamin, Robe STREET ADDRESS 1470 Don St	1	5.3 STREET				
CITY-ST-ZIP Nages FL 34	104	5.4 CITY-ST	T-ZIP			F77 4 1400
TITLE D	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME Benjamin, Robe	4+	6.2 NAME				
STREET ADDRESS 1470 Don_St _		6.3 STREET	ADDRESS			
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14. I 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, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR