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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028956 (5)

1. Corporation Name

AUTOMATION UNLIMITED, INC.

Principal Place of Business

Mailing Address

12708 TWIN BRANCH ACRES ROAD
TAMPA FL 33626

12708 TWIN BRANCH ACRES ROAD
TAMPA FL 33626

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 110 DUNBAR ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE E

27

City & State

City & State

23 OLDSMAR, FL

28

Zip

Country

Zip

Country

24 34677

25

USA

29

30

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

59-3437472

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEELER, MARK A
121 N OSCEOLA AVE
2ND FLOOR
CLEARWATER FL 34615

81 Name

ART GANZELL

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

12708 TWIN BRANCH ACRES RD

83

84 City

TAMPA

FL

85 Zip Code

33626

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

ART GANZELL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

4/7/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME GANZELL, ART
STREET ADDRESS 12708 TWIN BRANCH ACRES ROAD
CITY - ST - ZIP TAMPA FL 33626

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE D ☐ DELETE

NAME GANZELL, LAURA LAKE
STREET ADDRESS 12708 TWIN BRANCH ACRES ROAD
CITY - ST - ZIP TAMPA FL 33626

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE

ART GANZELL

4/7/98

(813)814-2886

CR2E034 (10/97)