

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

PROFIT.
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000070511 (5)

1. Corporation Name

AUTOMATED EQUIPMENT FUNDING, INC.

Principal Place of Business

249 PELICAN AVE.
DAYTONA BEACH FL 32118

Mailing Address

249 PELICAN AVE.
DAYTONA BEACH FL 32118



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1997

4. FEI Number

59-3413571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 1100 S. Palmetto Ave

Suite, Apt. #, etc.

22 121

City & State

23 S. Daytona FL

Zip

24 32119

Country

25 VOLUSIA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CROTTY, MICHAEL D
501 N. GRANDVIEW AVE.
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name

Kelley Bales

82

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

1100 S. Palmetto Ave 121

83

84

City S. Daytona

FL

85

Zip Code 32119

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

Kelley Bales

Signature type (do not print name of registered agent and fee applicable)

(Not Registered Agent signature required when reinstalling)

DATE

4.28.98

12. OFFICERS AND DIRECTORS

TITLE Vice President ☒ DELETE

NAME Andy Bales

STREET ADDRESS 222 E. Bell Ct

CITY-ST-ZIP Lexington Ky 40509

TITLE Kelley Bales ☐ DELETE

NAME Kelley Bales

STREET ADDRESS 1100 S Palmetto Ave 121

CITY-ST-ZIP S Daytona FL 32119

TITLE Janice Bales/Sec/Treas ☐ DELETE

NAME Janice Bales/Sec/Treas

STREET ADDRESS 2488 Shady Hills Dr.

CITY-ST-ZIP Lexington, Ky 40509

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition

1.2 NAME Jeff Coleman

1.3 STREET ADDRESS 9812 Mariners Ct

1.4 CITY-ST-ZIP Orlando FL 32827

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

Kelley Bales

4.28.98 904732291004

CR2E034 (10/97)