

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

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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90038 043 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000004850

1. Corporation Name  
SERVOMATICS, INC.

Principal Place of Business  
P O BOX 150  
WABASSO FL 32970

Mailing Address  
P O BOX 150  
WABASSO FL 32970



DO NOT WRITE IN THIS SPACE

|                                |                  |                     |         |   |  |
|--------------------------------|------------------|---------------------|---------|---|--|
| 2. Principal Place of Business |                  | 2a. Mailing Address |         | 3. Date Incorporated or Qualified<br>01/15/1998   |  |
| 21                             | 8797 20th Street | 26                  |         | 4. FEI Number<br>59355450   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            |                  | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 22                             |                  | 27                  |         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                     |  |
| City & State                   |                  | City & State        |         | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 23                             | Vero Beach FL 3  | 28                  |         |   |  |
| Zip                            | Country          | Zip                 | Country |   |  |
| 24                             | 32966 USA        | 29                  |         |   |  |
| 25                             |                  | 30                  |         |   |  |

9. Name and Address of Current Registered Agent

KENWORTHY, JAMES  
1820 PEBBLE PATH  
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| FL | 85 Zip Code  |

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

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

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

4/28/99

|                            |           |   |                        |
|----------------------------|-----------|---|------------------------|
| 12. OFFICERS AND DIRECTORS |           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |
| TITLE                      | President | 1.1 TITLE   | President              |
| NAME                       |           | 1.2 NAME  | Mark E. Young          |
| STREET ADDRESS             |           | 1.3 STREET ADDRESS                                    | 1517 Ocean Drive       |
| CITY-ST-ZIP                | Mal 877   | 1.4 CITY-ST-ZIP                                       | Vero Beach FL 32963    |
| TITLE                      |           | 2.1 TITLE   | Vice President         |
| NAME                       |           | 2.2 NAME  | Gary A. Kelley         |
| STREET ADDRESS             |           | 2.3 STREET ADDRESS                                    | 926-B Pirate Cove Lane |
| CITY-ST-ZIP                |           | 2.4 CITY-ST-ZIP                                       | Vero Beach FL 32963    |
| TITLE                      |           | 3.1 TITLE   | Secretary              |
| NAME                       |           | 3.2 NAME  | James Kenworthy        |
| STREET ADDRESS             |           | 3.3 STREET ADDRESS                                    | (same as above)        |
| CITY-ST-ZIP                |           | 3.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |           | 4.1 TITLE   |                        |
| NAME                       |           | 4.2 NAME  |                        |
| STREET ADDRESS             |           | 4.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |           | 4.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |           | 5.1 TITLE   |                        |
| NAME                       |           | 5.2 NAME  |                        |
| STREET ADDRESS             |           | 5.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |           | 5.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |           | 6.1 TITLE   |                        |
| NAME                       |           | 6.2 NAME  |                        |
| STREET ADDRESS             |           | 6.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |           | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 794-1835

CR2E034 (1/98)