
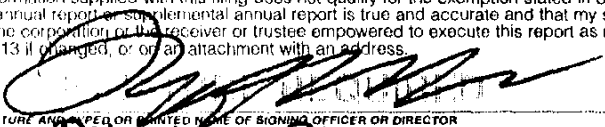


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 02 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # S47512 (6) | | | |
| 1. Corporation Name: AUTOMATION, INC. | | | |
| Principal Place of Business: 11232-1 ST JOHNS IND PKWY JACKSONVILLE FL 32246 US | | Mailing Address: 11232-1 ST JOHNS IND PKWY JACKSONVILLE FL 32246-6874 US | |
| 2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | |
| 3. Date Incorporated or Qualified 04/19/1991 | | 3a. Date of Last Report 05/01/1996 | |
| 4. FEI Number 59-3097678 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent THOMPSON, JOHN MARK 6055 CHESTER AVENUE JACKSONVILLE FL 32217 | | 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 of officer or director of registered agent and the filer (applicable) (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS 12.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.7 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.8 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.9 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.10 TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 13.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP 13.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP 13.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP 13.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP 13.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP 13.7 TITLE NAME STREET ADDRESS CITY - ST - ZIP 13.8 TITLE NAME STREET ADDRESS CITY - ST - ZIP 13.9 TITLE NAME STREET ADDRESS CITY - ST - ZIP 13.10 TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert H. Black | | Date Jan 15 1996 Daytime Phone # 904 998-9888 | |

CR2E034 (9/96)