FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **S63442** **(5)**

1. Corporate Name
STINSON AUTOMATION CO.

Principal Place of Business
PO BOX 1093
CRAWFORDVILLE FL 32327

Mailing Address
PO BOX 1093
CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1991
3a. Date of Last Report: 01/25/1994

2. Principal Office Street Address
21 P.O. Box 448
Suite, Apt. #, etc.
22
City & State
23 St. Marks, FL
Zip 24 32355 County 25 Wakulla

2a. Mailing Address
26 P.O. Box 448
Suite, Apt. #, etc.
27
City & State
28 St. Marks, FL
Zip 29 32355 County 30 Wakulla

4. FEI Number: 59-3073864 — 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 has activity for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
VAN NETTE, ADAIR
RT 3 BOX 5181-6
CRAWFORDVILLE FL 32327

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 Section 607.0505 and 607.0508 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 the position as registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
P	VANNETTE, ADAIR B.	RT 3 BOX 5181-6	CRAWFORDVILLE FL
VP	HARTLEY, DAVID E.	523 WAYNE PL	FREMONT OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report is the designated 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 of this report or is added by amendment.

SIGNATURE: [signature]
MANDATORY: AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4 28 95 — Date
909 926 1810 — Daytime Phone Number

0409479 FP