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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S63442** 1. Corporation Name

STINSON	AUTOMATION CO.				
Principal Place	of Business	Mailing Address		f (Milimis inn arian hitit atalt angsa jist aren a	DISTI GIBST DIEST OFFIS BLOSS (98)
300 C HANNON MILL RD TALLAHASSEE FL 32310 US 300 C HANNON MILL RD TALLAHASSEE FL 32310 US				DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SSPACE
0.07	f Pusition	2a. Mailing Address		07/01/1991 4. FEI Number	Applied For
2. Principal Place of Business		26 PO Box 448		59-3073864	Not Applicable
Suite, Apt. 1	# etc	Suite, Apt. #, etc.	, , ,	· _	\$8.75 Additional
22	#, etc.	27		5. Certificate of Status Desired	Fee.Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28 St. Mark	s FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
24	25	29 32355 30	o US	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
YAN	NETTE, ADAIR		81 Name	ress (P.O. Box Number is Not Acceptable)	
300 C HANNON MILL RD			82 Street Addr	less (P.O. Box Number is Not Acceptable)	
TALL	AHASSEE FL 32310		83		
\	, 		/		85 Zip Code
		\ . \ /	84 City	FL	85 Zip Code
agent. Far SIGNATURE	m ramiliar with, and accept the obligation		a otaliales.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the	
SIGNATURE	Signature typed or ponted name Wegistered egent	t and utte if applicable (NOTE-Re	the above-named corporation and statutes. The control of the corporation and the corp	2 18 99	9
signature	Signature typed or printed name of ogistered agent	t and utte if applicable (NOTE-Re	egistered Agent signature require	od when reinstating) 2 (\$ 0.00) DATE	9
SIGNATURE 12. TITLE	Signature typed or ponted name all ogistered agent OFFICERS AND	t and title if applicable (NOTE &	egistered Agent signature require	od when reinstating) 2 (\$ 0.00) DATE	ND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or ponted name all egistered agent OFFICERS AND P VAN NETTE, ADAIR	t and title if applicable (NOTE &	13. 1.1 TITLE	od when reinstating) 2 (\$ 0.00) DATE	ND DIRECTORS IN 12
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Y-ST-ZIP CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an are discretely execute this report as required by Chapter 607, Florida Statutes; and that my name appears in section of the like empowered. 14. I hereby certify that the information supplied with his fit indicated on this annual report or supplemental annual officer or director of the curporation e-the receiver or the Block 12 or Block 13 if changed, or on an attach prent with the curporation of the curporation of the curporation of the curporation.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition