

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P31511 (9)
1. Corporation Name
FACILITY ROBOTICS, INC.

Principal Place of Business P.O. BOX 991 SELMA AL 36702-0991	Mailing Address P.O. BOX 991 SELMA AL 36702-0991
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 63-0839434	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent SILVERMAN, LIONEL 50 BELCHER ROAD SOUTH CLEARWATER FL 34624				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CP	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	VILLALOBOS, VIC			1.2 NAME			
STREET ADDRESS	875 OLD ROSWELL RD., C400			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROSWELL GA			1.4 CITY-ST-ZIP			
TITLE	VCV	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	SLAGEL, M.W.			2.2 NAME			
STREET ADDRESS	1100 SINGLETON AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SELMA AL			2.4 CITY-ST-ZIP			
TITLE	DST	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	DUDLEY, S.W.			3.2 NAME			
STREET ADDRESS	1100 SINGLETON DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	SELMA AL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
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.

SIGNATURE:

S.W. Dudley
S.W. Villalobos
4-29-98

CR2E034 (10/97)