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CORPORATION ANNUAL REPORT 1995



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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 400889 (2)

1. Corporation Name
FLORIDA SUN CONTROL PRODUCTS, INC

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Making Address
932 ORANGE AVE DAYTONA BEACH FLA 32114 US

3. Date Incorporated or Qualified **05/10/1972** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business 2a. Making Address
21 **26**

4. FEI Number **59-1397207** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GOBER, JOS R
549 TARRAGONA WAY
DAYTONA BEACH FL 32114 = 32114**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

12. OFFICERS AND DIRECTORS	
TITLE	PDV
NAME	GOBER, JOSEPH R
STREET ADDRESS	549 TARRAGONA WAY
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	S
NAME	GOBER, ESTHER L
STREET ADDRESS	549 TARRAGONA WAY
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	D
NAME	GOBER, ESTHER L
STREET ADDRESS	549 TARRAGONA WAY
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANDRA BAILEY
1.3 STREET ADDRESS	4570 ALDER DRIVE
1.4 CITY - ST - ZIP	DAYTONA BEACH FL 32127
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSEPH R. GOBER
3.3 STREET ADDRESS	549 TARRAGONA WAY
3.4 CITY - ST - ZIP	DAYTONA BEACH, FL 32114
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Sandra Bailey 1-13-95 (904) 252-6034
SANDRA BAILEY
Signature and typed or printed name of signing officer or director. Date. (Typed Name)