

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L92972

(3)

1. Corporation Name

PROCESS CONTROL MANUFACTURING, INC.

Principal Place of Business

1631 JEWEL DRIVE
SARASOTA FL 34240

Mailing Address

1631 JEWEL DRIVE
SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1990

3a. Date of Last Report

04/11/1994

4. FEI Number

65-0213310

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 liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

YANCHEK, JOHN A
1515 RINGLING BLVD
SUITE 900
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name DeLoach, Anthony
82 Street Address (P.O. Box Number is Not Acceptable)
1631 Jewel Dr
83
84 City Sarasota FL 85 Zip Code 34240

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

Anthony D. DeLoach

(NOTE: Registered Agent signature required when registering.)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	D
NAME	DELOACH, ANTHONY
STREET ADDRESS	1631 JEWEL DRIVE
CITY, ST, ZIP	SARASOTA FL
TITLE	D
NAME	DELOACH, LAURIE J
STREET ADDRESS	1631 JEWEL DRIVE
CITY, ST, ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 119.07(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

Laurie J. DeLoach
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Laurie DeLoach

4-11-95

813 371-7617