

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 452368

(4)

1. Corporation Name

FLORIDA CENTRAL CONTROL, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1974

3a. Date of Last Report

01/25/1994

4. FEI Number

59-1537830

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, W.T.
9030 W. FORT ISLAND TRAIL, BLDG. 5
CRYSTAL RIVER FL 32629

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

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

VSD

NAME

MOSER, PAUL

STREET ADDRESS

5803 GREENVILLE AVE

CITY- ST- ZIP

DALLAS TX

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE

PD

NAME

CARUTH, MABEL P

STREET ADDRESS

5803 GREENVILLE AVE

CITY- ST- ZIP

DALLAS TX

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE

ST

NAME

BRANNON, MARGARET

STREET ADDRESS

5803 GREENVILLE AVE

CITY- ST- ZIP

DALLAS TX

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

Delete

TITLE

T

NAME

STOESSNER, K F, JR

STREET ADDRESS

5803 GREENVILLE AVE

CITY- ST- ZIP

DALLAS TX

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE

D

NAME

HUGHES, VESTER T JR

STREET ADDRESS

5803 GREENVILLE AVE

CITY- ST- ZIP

DALLAS TX

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE

V

NAME

HILLE, CARL

STREET ADDRESS

5803 GREENVILLE AVE

CITY- ST- ZIP

DALLAS TX

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Delete

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)(b), 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:

K.F. Stoessner Treasurer

2/24/95 214-691-6541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR