

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janice B. Northrup
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

50 MAY 11 AM 9:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **479499**

(6)

To: Corporation Name

CONTROL TECHNOLOGY, INC.

Office Address (if different)

2950 SW SECOND AVE
FT LAUDERDALE FL 33315

Mailing Address

2950 SW SECOND AVE
FT LAUDERDALE FL 33315

(PRINT OR WRITE IN THIS SPACE)

3. Date incorporated or qualified 06/24/1975	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1605522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.035 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Previous year's report number 21	2b. Mailing address 26
22. State App # (if any)	27. State App # (if any)
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent WOODWORTH, JAMES C 1001 COCONUT DR FT. LAUDERDALE FL 33315	10. Name and Address of New Registered Agent B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City FL B5. Zip Code
--	--

11. Pursuant to the provisions of Sections 607.0100 and 607.1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 Sections 607.0100, Florida Statutes.

SIGNATURE: _____ (Print Name of Registered Agent) _____ (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PD WOODWORTH, JAMES C	12.2 STREET ADDRESS: 1001 COCONUT DR FT LAUDERDALE FL	13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: D YOUNG, JANICE	12.4 STREET ADDRESS: 2700 NW 39TH WAY LAUDERDALE LAKES FL	13.2 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: S WOODWORTH, CAROLA U	12.6 STREET ADDRESS: 1001 COCONUT DR FT LAUDERDALE FL	13.3 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: _____	12.8 STREET ADDRESS: _____	13.4 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: _____	12.10 STREET ADDRESS: _____	13.5 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME: _____	12.12 STREET ADDRESS: _____	13.6 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: _____	12.14 STREET ADDRESS: _____	13.7 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that I am qualified to be the registered agent for the corporation stated in Section 199.035(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 manager or trustee of the corporation, or the manager of the trust or other entity, and that my name appears in Block 12 or 13 of this filing. I do not have any other filing with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/15/95 305-761-1106

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
LESLIE B. WATKINS
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

SEARCHED
SERIALIZED
INDEXED
FILED

DOCUMENT # **484722** (4)

1. Corporation Name:
RICHARDSON OIL CO. OF LAKE CITY

Physical Name and Mailing Address:
**2080 WEST US 90
POST OFFICE BOX 1476
LAKE CITY FL 32056-8476**

DO NOT WRITE IN THIS SPACE

3. Date of Organization or Quiscent: **09/18/1975** 3a. Date of Last Report: **05/01/1994**
4. FL Number: **59-1621849** Applied For: Not Applicable:
5. Certificate of Status Dues: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This Corporation has reports for filing under Chapter 6, 1992 Florida Statutes: Yes No

2. Principal Executive Officers:
21. Name: _____ 26. Mailing Address: _____
22. State Apt. # etc.: _____ 27. State Apt. # etc.: _____
23. City, State: _____ 28. City, State: _____
24. _____ 25. _____ 29. _____ 30. _____

9. Name and Address of Current Registered Agent:
**RICHARDSON, JAMES A
230 NORTHWEST 2ND AVENUE
HIGH SPRINGS FL 32643**

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: **FL**

11. Pursuant to the provisions of Chapters 607.04(3), 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 607.1508, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS	
12.1 NAME: P RICHARDSON, JAMES A STREET ADDRESS: 230 NW 2ND AVENUE CITY, STATE: HIGH SPRINGS FL		13.1 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: ST RICHARDSON, JAMES A JR STREET ADDRESS: 2080 W US 90 CITY, STATE: LAKE CITY FL		13.2 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____		13.3 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____		13.4 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____		13.5 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____		13.6 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____		13.7 NAME: _____ STREET ADDRESS: _____ CITY, STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct and equally for the reasons stated in Section 607.1508(3)(b), Florida Statutes. I further certify that the information does not affect the annual report or supplemental annual report or, 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 this corporation or the officer or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers or directors of this corporation in an attachment with an address.

SIGNATURE: *James Richardson* James Richardson 4/20/95 904 752-2795
DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR