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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90106 001 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 555048

1. Corporation Name

DIGITAL CONTROL CORPORATION



Principal Place of Business

10871 75TH ST. NORTH
LARGO FL 33774-1425
US

Mailing Address

10871 75TH ST. NORTH
LARGO FL 34647-1425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1977

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

59-1788365

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLTZMAN, THEODORE E
174 GARLAND CIRCLE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

J. D. CATTEL

82 Street Address (P.O. Box Number is Not Acceptable)

1372 Bay Harbor Drive #13

83

84 City

Palm Harbor

FL

85 Zip Code

34685

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

TITLE V ☒ DELETE
NAME BRITTIAN, WAYNE D
STREET ADDRESS 8310 NORWOOD RD
CITY-ST-ZIP LARGO FL

TITLE D ☒ DELETE
NAME HOLTZMAN, EDWARD
STREET ADDRESS 169 GARLAND CIR
CITY-ST-ZIP PALM HARBOR FL

TITLE S ☒ DELETE
NAME DAVIS, J A
STREET ADDRESS 6620 POINSETTA AVE S
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE D ☒ DELETE
NAME FERRARA, RAYMOND
STREET ADDRESS 147 ALETA DRIVE
CITY-ST-ZIP BELLEAIR BCH. FL

TITLE D ☒ DELETE
NAME OBMANN, RICHARD
STREET ADDRESS 6240-43RD TERR., N.
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE D ☒ DELETE
NAME PARKER, DONALD
STREET ADDRESS 13220 110TH AVENUE, N.
CITY-ST-ZIP SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P S T ☐ Change ☒ Addition
1.2 NAME J D CATTEL
1.3 STREET ADDRESS 1372 Bay Harbor Drive #13
1.4 CITY-ST-ZIP Palm Harbor, FL 34685

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

217-5421622

Date

Daytime Phone #

CR2E034 (1/98)