

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 580535 (3)

1. Corporation Name

WILLIAMS CONTROL SYSTEMS, INC.



Principal Place of Business

P.O. DRAWER 1807
695 DENTON BLVD.
FT. WALTON BEACH FL 32549

Mailing Address

P.O. DRAWER 1807
695 DENTON BLVD.
FT. WALTON BEACH FL 32549

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. # etc.

State, Apt. # etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

WILLIAMS, HARVEY L
695 DENTON BLVD
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified

07/27/1978

3a. Date of Last Report

03/21/1995

4. FEI Number

59-2876316

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

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. I, the undersigned, being duly sworn, depose and say that 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 607.06(4), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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695 DENTON BLVD
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 included in this annual report or supplemental statement 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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of or new information with an address.

SIGNATURE:

Harvey Williams, President

1-30-96

904-862-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)