## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 580535**

WILLIAMS CONTROL SYSTEMS, INC.

Mailing Address Principal Place of Business P.O. DRAWER 1807 P.O. DRAWER 1807 695 DENTON BLVD. 695 DENTON BLVD. DO NOT WRITE IN THIS SPACE FT. WALTON BEACH FL 32549 FT. WALTON BEACH FL 32549 3. Date Incorporated or Qualifed 07/27/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2876316 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Žίνο 24 30 Personal Property Tax. 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILLIAMS, HARVEY L Street Address (P.O. Box Number is Not Acceptable) 695 DENTON BLVD FT WALTON BEACH FL 32548 83 City 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change 1.1 TITLE TITLE 7-23-17-34 WILLIAMS, HARVEY L 1.2 NAME NAME 695 DENTON BLVD 1.3 STREET ADDRESS SYREET ADDRESS FT WALTON BCH, FL 00000 1.4 CITY-ST-ZiP ☐ DELETE Change ☐ Addition 2.1 TITLE TITLE

2.2 NAME

3.1 TITLE 3.2 NAME

4.1 TITLE

4.2 NAME

DELETE

□ DELETE

□ DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIP DELETE 61 TITLE TOF 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

STORATES

1 - 25 - 99Date

FILED

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90055 050 \*\*\*158.75

850-862-1171

☐ Change

Daytime Phone #

CR2E034 (11/98)

Addition

Addition