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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

F89409 **DOCUMENT #**

(9)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

CENTRAL CONTROL, INC.

Mailing Address Principal Place of Business 5701 39TH STREET NORTH 5701 39TH STREET NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714

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3. Date Incorporated or Qualified

07/06/1982

59-2203541

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

3a. Date of Last Report

04/13/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

								Trust Fund Contribution Added to Fees								
<u> </u>		T	Country	28	Zip	Cou	ntry	8. This corporation has liability for intangible tax under s 199,032	2,							
Zip n		-	Country	29	• •	30		Florida Statutes Yes No								
<u> </u>	a Name	25	Address of Curre		stered Agent	11		10. Name and Address of New Registered Agent								
	g. Name	allu	Addition of Carr		<u> </u>		81 Name									
ROBINSON, THOMAS G. 5701 39TH STREET NORTH ST. PETERSBURG FL 33714							82 Street Address (P.O. Box Number is Not Acceptable) 83									
											85 Zip Code					
										-(Crationa 607 06	O2 and 6	nz 1508 Florida Statu	tes, the abo	ve named corpor	ation submits this statement for the purpose of changing its registere id of directors. Thereby accept the appointment as registered agent	ed office.
11. Pursuant t or register	o the provis ed agent, o	sions ir both eat th	n, in the State of Fk e obligations of Se	orida. Sur ection 60	ch change was authori 7,0505, Florida Statute	zed by the is	corporation's boar	ation submits this statement for the purpose or changing its registered agent of directors. Thereby accept the appointment as registered agent								
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CITY - ST - ZIP	- 1	that th	so information sunc	nliech with	this fling is voluntarily	furnished ar	id does not qualify	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I grate and that my signature shall have the same legat effect as if mad	jaruner fe under							

Too nereby certify that the information supplied with this reing is volumarily turnished and does not qualify for the exemption stated in Section 113.07(3)(N), Florida Statutes, Florida Statutes and that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same fegal effect as if made under early that I am an officer or director of the corporation or the receiver or trustee enpowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR