FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:06

DOCUMENT # F93000003183 (1)

1. CENTRAL COMMUNICATION AND AUTOMATION COMPANY

Principal Place of Business:
123 E. STUART AVE
LAKE WALES FL 33853

Mailing Address:
P.O. BOX 2322
LAKE WALES FL 33859-2322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 59-3182120 — Applied For / Not Applicable

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

5. Certificate of Status Desired [x] $8.75 Additional Fee Required

City & State
23
City & State
28

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

Zip 24 County 25 Zip 29 Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

~~BUTLER, MICHAEL R~~
~~244 E. PARK AVE.~~
~~LAKE WALES FL 33853~~

10. Name and Address of New Registered Agent

81 Name: Kyle D. Sherman
82 Street Address (P.O. Box Number is Not Acceptable): 244 East Park Avenue
83
84 City: Lake Wales FL
85 Zip Code: 33853

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: Kyle Sherman — 2/1/95
Signature of or on behalf of Registered Agent (Typed or printed name of Registered Agent and title if signing on behalf of Registered Agent) — DATE (Registered Agent's failure to sign will result in rejection of this document)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIMES, ROBERT M
STREET ADDRESS	807 HILLSIDE AVE.
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	V
NAME	PATTERSON, GILBERT W
STREET ADDRESS	315 ETHELENE ST.
CITY-ST-ZIP	BARTOW FL 33830
TITLE	ST
NAME	BENSON, CRAIG W
STREET ADDRESS	510 N. OAK AVE.
CITY-ST-ZIP	BARTOW FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing, and any attached additional information, is true and accurate. I further certify that I am aware that false information submitted to a state agency or officer may be punished by fine or imprisonment or both as provided in Section 817.155, 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document with my title(s).

SIGNATURE: Robert M. Grimes — 2-1-95 — (813) 678-9628
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Robert M. Grimes, President

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