

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000003183 (1)

1. Corporation Name

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

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

59-3182120

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SHERMAN, KYLE D.~~  
~~244 E. PARK AVE~~  
~~LAKE WALES FL 33859~~

81 Name

Michael Butler

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

244 E. 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

*Michael Butler*

Michael Butler

02/01/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P  
NAME GRIMES, ROBERT M  
STREET ADDRESS 807 HILLSIDE AVE.  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ DELETE

V  
NAME PATTERSON, GILBERT W  
STREET ADDRESS 315 ETHELENE ST.  
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ DELETE

~~OT~~  
NAME ~~BENSON, CRAIG W~~  
STREET ADDRESS ~~510 N. OAK AVE.~~  
CITY-ST-ZIP ~~BARTOW FL 33830~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6801 N. 54th Street  
Tampa, FL 33610

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Secretary/Treasurer  
Borglund, Terry R.  
244 E. Park Avenue  
Lake Wales, FL 33853

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

*Terry R. Borglund*

Terry R. Borglund, Sec/Treas. 02/01/96 (941)676-9628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)