

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

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90030 045 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000001832

1. Corporation Name
ACT CONTROLS, INC.



Principal Place of Business
25 E. MAIN ST.
COATS NC 27521

Mailing Address
25 E. MAIN ST.
COATS NC 27521

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1998

4. FEI Number
56-1767533

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 139 Sigma Dr.

23 City & State

27 City & State
Garner, NC

24 Zip Country

29 Zip Country
27529 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME HUDSON, KENT
STREET ADDRESS 5625 DILLARD RD.
CITY-ST-ZIP CARY NC 27511

☒ DELETE

TITLE D
NAME GEHRING, BYRON
STREET ADDRESS 5625 DILLARD DR.
CITY-ST-ZIP CARY NC 27511

☒ DELETE

TITLE T
NAME CAPPS, JAMES
STREET ADDRESS 25 E. MAIN ST.
CITY-ST-ZIP COATS NC 27521

☐ DELETE

TITLE P
NAME LEWIS, KEVIN
STREET ADDRESS 107 TERRACE VIEW DR.
CITY-ST-ZIP ITHACA NY 14850

☐ DELETE

TITLE V
NAME TAYLOR, JOHN
STREET ADDRESS 25 E. MAIN ST.
CITY-ST-ZIP COATS NC 27521

☐ DELETE

TITLE AS
NAME CLAYTON, KATHERINE
STREET ADDRESS 5625 DILLARD RD.
CITY-ST-ZIP CARY NC 27511

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

James R. Capps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

919-859-5722

Date

Daytime Phone #

CR2E034 (11/98)