

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 # F98000005752

1. Corporation Name

INNOVATIVE CONTROL CONCEPTS, INC.

Principal Place of Business

1350 TRADEPOST DRIVE
JACKSONVILLE FL 32210

Mailing Address

1350 TRADEPOST DRIVE
JACKSONVILLE FL 32210

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90085 050 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

52-2147512

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

21 1350 Tradeport Drive

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Jacksonville, FL

Zip Country

24 32218 25 U.S.A.

2a. Mailing Address

26 P.O. Box 980983

Suite, Apt. #, etc.

27

City & State

28 Houston, TX

Zip Country

29 77098-0983 30 U.S.A.

9. Name and Address of Current Registered Agent

DYER III, T. EDWARD
1350 TRADE POST DRIVE
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name

(address correction)

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

1350 Tradeport Drive

83 Suite 101

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

TITLE P
NAME DYER III, T E
STREET ADDRESS 2027 PERSO
CITY-ST-ZIP HOUSTON TX
☐ DELETE

TITLE S
NAME DYER, DAWN P
STREET ADDRESS 2027 PERSO
CITY-ST-ZIP HOUSTON TX
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (address correction) ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2027 Persa
1.4 CITY-ST-ZIP Houston, TX 77019

2.1 TITLE (address correction) ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2027 Persa
2.4 CITY-ST-ZIP Houston, TX 77019

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

2 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD DYER III

4/22/99

713-523-5628

CR2E034 (11/98)