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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G26084**

(5)

1. Corporation Name

GEOBASE CONTROL, INC.

Principal Place of Business

**380E N. WICKHAM ROAD
MELBOURNE FL 32935
US**

Mailing Address

**1511 S. RIVERVIEW DR.
MELBOURNE FL 32901-4625**

3. Date Incorporated or Qualified
03/02/1983

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

21

2a. Mailing Address

26

380 N. Wickham Rd.

4. FEI Number

59-2272461

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

Melbourne, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

32935

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WOOD, LEONARD P. (PLS)
1511 S. RIVERVIEW DRIVE
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name

WOOD, LEONARD P. (PLS)

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

380 N. Wickham Road, Suite E

83

84 City

Melbourne

FL

85 Zip Code

32935

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

Signer's title or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TDCD
BROWN, THERESA P.**
STREET ADDRESS **458 OAKLAND AVENUE**
CITY - ST - ZIP **INDIALANTIC FL**

TITLE ☐ DELETE

NAME **PD
WOOD, LEONARD P.**
STREET ADDRESS **2700 N. A1A HWY. BLDG 4-102**
CITY - ST - ZIP **INDIALANTIC FL**

TITLE ☐ DELETE

NAME **TD
BROWN, THERESA P.**
STREET ADDRESS **458 OAKLAND AVENUE**
CITY - ST - ZIP **INDIALANTIC FL**

TITLE ☐ DELETE

NAME **S
WOOD, MARJORIE J.**
STREET ADDRESS **2700 N. A1A HWY BLDG 4-102**
CITY - ST - ZIP **INDIALANTIC FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

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 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.

SIGNATURE: *Marjorie J. Wood* **Marjorie J. Wood**

2/1/97 407-266-0450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)