

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G28901** (8)
1. Corporation Name
CONTROL DESIGN, INC.



Principal Place of Business: **6900-19 PHILLIPS HWY. JACKSONVILLE FL 32216-3038**
Mailing Address: **6900-19 PHILLIPS HWY. JACKSONVILLE FL 32216-3038**

3. Date Incorporated or Qualified: **03/14/1983**
3a. Date of Last Report: **05/01/1995**
4. FL Number: **59-2332606**
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

2. Principal Place of Business
21. Sub: Apt #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address
26. Sub: Apt #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

**GOODSON, JOHN B.
2830 RIDGEFIELD COURT
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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

Date Registered Agent Resigned (Month/Day/Year)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	DV	<input type="checkbox"/> DELETE
2. NAME	GOODSON, MARK J	
3. STREET ADDRESS	2830 RIDGEFIELD COURT	
4. CITY - ST - ZIP	JACKSONVILLE FL	
5. TITLE	DPT	<input type="checkbox"/> DELETE
6. NAME	GOODSON, JOHN B	
7. STREET ADDRESS	2830 RIDGEFIELD COURT	
8. CITY - ST - ZIP	JACKSONVILLE FL	
9. TITLE	DS	<input type="checkbox"/> DELETE
10. NAME	GOODSON, PHYLLIS H.	
11. STREET ADDRESS	2830 RIDGEFIELD COURT	
12. CITY - ST - ZIP	JACKSONVILLE FL	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	GOODSON, JOHN B.
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(g), 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. 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 change, I, or an agent, with an address.

SIGNATURE: *John B. Goodson* JOHN B. GOODSON FEB 26, 1996 904-296-5041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)