

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. Subj. Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address
26. Subj. 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 607.0102 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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	GOODSON, MARK J 2830 RIDGEFIELD COURT JACKSONVILLE FL		
TITLE	NAME	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
	DPT GOODSON, JOHN B 2830 RIDGEFIELD COURT JACKSONVILLE FL	GOODSON, JOHN B.	
TITLE	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	DS GOODSON, PHYLLIS H. 2830 RIDGEFIELD COURT JACKSONVILLE FL		
TITLE	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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, addition or deletion 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)