FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G73784** **(2)**

1. Corporation Name

CONTROL ELEVATOR SYSTEMS, INC.

Principal Place of Business	Mailing Address
3335 MUSTANG DRIVE SPRING HILL FL 34609 US	P.O. BOX 3366 SPRING HILL FL 34606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1984**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 7425 Skylark Dr	26 ~~7425 Skylark Dr~~
22 Suite, Apt. #, etc: Spring Hill, FL	27 Suite, Apt. #, etc: 7425 Skylark Dr
23 City & State:	28 City & State: Spring Hill FL
24 Zip: 34606 25 Country: US	29 Zip: 34606 30 Country: US

4. FEI Number: **59-2364201** ☐ 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

9. Name and Address of Current Registered Agent

PADGETT, RICHARD G.
7145 MARINER BLVD
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

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 _____ DATE _____
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BEBOUT, LOWELL R	12 NAME	
STREET ADDRESS	7425 SKYLARK DRIVE	13 STREET ADDRESS	
CITY ST ZIP	SPRING HILL FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	BEBOUT, CAROL J	22 NAME	
STREET ADDRESS	7425 SKYLARK DRIVE	23 STREET ADDRESS	
CITY ST ZIP	SPRING LAKE FL	24 CITY ST ZIP	SPRING HILL, FL 34606
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, CHARLES A.	32 NAME	
STREET ADDRESS	9390 LORENDALE CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	SPRING HILL FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added on an attachment with an address.

SIGNATURE: Carol J Bebout 4-27-95 904 687-1596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CAROL J. Bebout, Sec./Treas.

0488435 FP