FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

3350 ULMERTON RD UNIT 24

% HARRY G. ASTON



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G91782

(4)

MECHANICAL CONTROLS CORPORATION

Mailing Address

% HARRY G. ASTON 3350 ULMERTON RD UNIT 24 CLEARWATER FL 33762

FILED Jan 15 1998 8:00am Secretary of State



| CLEARWATER | FL 33762 | | CLEARWATER FL 33762 | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
|---|------------------|-----------------------------------|---------------------|---------------------|----------|--|---|-------------------------------|------------------------------------|---------------|-----------|------------------------|--|
| | | | | | | | | 3 | 3. Date Incorporated or Qualified | | | | |
| | | | | | | | | | 03/19/1984 | | | | |
| 2. Principal P | lace of Busir | ness | 2a. Mailing Address | | | | | 4 | 1. FEI Number | | | Applied For | |
| 21 | | | | 26 | | | | | 59-2386240 | | | Not Applicable | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | X | \$8.7 | 5 Additional | |
| 22 | | | 27 | | | | | ~ | 5. Certificate of Status Desired | | Fee | Required | |
| City & Stat | е | Cit _i | City & State | | | | | . Election Campaign Financing |] | \$5.0 | 00 May Be | | |
| 23 | | | | 28 | | | | | Trust Fund Contribution | | | ed to Fees | |
| Zip | | Country | Zip Co | | | ountry | 8. This corporation owes or has paid the current year | | | Intangible | | | |
| 24 | | 25 | 29 | | 30 | | | | Personal Property Tax due Ju | ıne 30. 🛚 🖺 | Yes | ∏ No | |
| | g Name | and Address of Curren | t Registere | d Agent | | | | 10 |). Name and Address of New | Registered A | \gent | | |
| ASTON, HARRY G. | | | | | | | | | | | | | |
| 335 | | 82 Street Add | | | ddroop (| rope (B.O. Boy Number is Not Assentable) | | | | | | | |
| | TE 14 | | 62 Street Add | | | vaaress (| ress (P.O. Box Number is Not Acceptable) | | | | | | |
| | EARWATER | | 8 | | | | | | | | | | |
| | _ (((), () C) (| | | | | | | | | | | | |
| | | | | | | 84 | City | | | FL | 85 2 | ip Code | |
| 13 Pursuant | to the provisi | ons of Sections 607.050 | 2 and 607 1 | SOR Florida Statu | ites the | about | a namad (| parparatio | on cultimite this statement for th | | 1 | | |
| 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. | | | | | | | | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | |
| *** | Signature, typed | or printed name of registered age | | | | | ent signature r | required whe | on reinstating) | DATE | | | |
| 12. | PST | OFFICERS ANI | DIRECTOR | DELETE | 13 | | | | ADDITIONS/CHANGES TO OF | | | | |
| | | HADDY A | | E DEFEIE | | TITLE | | | | | ☐ Chang | je 📙 Addition | |
| NAME | | HARRY G. | | | 1.2 | NAME | | | | | | | |
| STREET ADDRESS | | MERTON ROAD | | 1.3 \$ | | | ADDRESS | | | | | | |
| CITY - ST - ZIP | | ATER FL | | | 1.4 | CITY-S | T-ZIP | | | | | | |
| TITLE | ۷D | | | ☐ DELETE | 2.1 | TITLE | | | | | Chang | je 🔲 Addition | |
| NAME | MONTGO | omery, ross | | 2,2 N | | NAME | | | | | | | |
| STREET ADDRESS | 3350 UL | MERTON RD. | | 2.3 \$ | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | CLEARW | ATER FL | | 2, 41 | | | ST-ZIP | | | | | | |
| TITLE | | | **** | | | 3.1 TITLE | | | | | Chang | e Addition | |
| NAME | | | | | | 3.2 NAME | | | | · | | | |
| STREET ADDRESS | i | | | | • | | ADDRESS | | | | | | |
| CITY-SI-ZIP | | | | | | | | | | | | | |
| TITLE | | | | DELETE | | CITY-S TITLE | II-ZIP | | | | Chang | e Addition | |
| NAME | | | | DECENE | 1 | NAME | i | | | | Grang | e L Addition | |
| | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | T Deleve | | CITY-SI | T- ZIP | | | | - | Fire visita | |
| TITLE | | | | ☐ DELETE | | TITLE | | | | 1 | Chang | e 🔲 Addition | |
| NAME | | | | | 5.2 | NAME | | | | | | i | |
| STREET ADDRESS | | | | | 5.3 | STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | 5,4 | CITY-ST | r- ZIP | | | | | | |
| TITLE | | | | DELETE | 6.1 | TITLE | | | • | | Chang | e 🔲 Addition | |
| NAME | | | | | 6.2 | NAME | | | | | | ſ | |
| STREET ADDRESS | | | | | 6.3 | STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | 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 supplier ental 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 | | | | | | | | | | | | he information | |
| indicated of | on inis annua | il report or supplemental | annual repo | ort is true and acc | curate a | nd tha | t my sign | ature sha | all have the same legal effect as | s if made und | er oath. | that I am an | |

hapter 607, Florida Statutes; and that my name appears in

SIGNATURE: