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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

H49030

(0)

CONTROL MASTERS, INC.

Principal Place of Business

Mailing Address

11623 COLUMBIA PARK DR E JACKSONVILLE FL 32258

11623 COLUMBIA PARK DR E

FILED Apr 04 1996 8:00 am Secretary of State



	THORIDON HILLE I'L DEE	ψv		PHONOCHVILLE FL 32	EEJU								
								03/2	3. Date Incorporated or Qualified 3a. Date of Last Rep 03/26/1985 04/20/19			,	
	Principal Place of Business			2a. Mailing Address				4. FEI Numb				Applied For	
21	Suite, Apt. #, etc.			26				59	-2505638			Not Applicable	
22			27	Suite, Apt. #, etc.				5. Certificate	of Status Desired	X		75 Additional e Required	
Oity & State				City & State				6. Election C	ampaign Financing		\$5.	00 May Be	
23			28					Trust Fund	d Contribution			ded to Fees	
	Ζip			,		untry	+ F. v .		vation has liability for in		tax under s. 199.032,		
24		25	29		30	_		Florida Sta		No		7 10 10 10 1	
Name and Address of Current Registered Agent						81	Name	10. Name and Address of New Registered Agent					
INLED POMADO						61	TAZITIE!						
MILLER, EDWARD L. 1198 WOOD DUCK HOLLOW						82	2 Street Address (P.O. Box Number is Not Acceptable)						
	JACKSONVILLE I				-								
BACKGORVILLE I E SZZZS				83									
						84	City			FL	1	Zip Code	
11	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 in board of discrete library. I beach a contract the purpose of changing its registered office												
	familiar with, and accept the obligations of. Section 697.0505, Florida Statutes												
SI	SIGNATURE Signature, speed or printed has no of respected agreed active the phages as is: INDIE Registered Agent signature, required were resistating.												
12		OFFICERS AND			13		ii agraniai, req		S/CHANGES TO OFFIC	DAIL DERS AND I	DIESE CT	IORS IN 12	
TIT	IF DP			☐ DECETE	1:	TITLE					Change		
NAJ	ME MILLE	R, EDWARD L.			12	NAME				_	·	_	
STF	REET ADDRESS 1198	WOOD DUCK HOLLOW	1		13	STREET	AODRESS						
CIT	Y-ST-ZIP JACK	SONVILLE FL			1.4	CITY-S	t - ZIP						
TITE	50.			DELETE	2 1	TITLE					Change	Addition	
NA		R, PATRICIA			22	NAME							
STR		WOOD DUCK HOLLOW	I		23	STREET	ADDRESS						
		SONVILLE FL			_	CITY - S	T-ZIP						
Tiff		DD D4FF449F44		DEFETE		TITLE					Change	Addition	
NAM		ARD, RAFFANIELLO			1	MAME							
		3TH AVE S. Sonville BCH FL					ADDRESS						
TITE		SONVILLE BOTH PL		☐ DELETE		CITY - S	T-ZiP						
NAM	1					TITLE				ليا	Change	Addition	
	EET ADDRESS					IAME	LEEDESS						
	Y - ST - ZIP						ADDRESS						
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NAA					521					L	Change	Addition	
	EET ADDRESS						ADDRESS						
	Y-ST-ZIP					STY-S							
TITL				DELETE	6 1		1-211				Change	Addition.	
NAM	AE			_	•	IAME				L	ona-ige		
STR	ÉET ADDRESS						ADDRESS						
CHTY	r-ST-ZIP					ITY-S'							

14. Ido hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this arrival 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 3 if changed, or on an attachment with an address.

SIGNATURE:

Faticia J. Muller SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 904-260-9756