

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # J40940 (5)

1. Corporation Name
HYTORK CONTROLS, INC.



Principal Place of Business
2920 PARKWAY STREET
LAKELAND FL 33811

Mailing Address
2920 PARKWAY STREET
LAKELAND FL 33811

3. Date Incorporated or Qualified 11/04/1986
3a. Date of Last Report 06/27/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2792478		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.				Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, RONALD T.
4740 CLEVELAND HEIGHTS BLVD.
PO BOX 5955
LAKELAND FL 33813

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
Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MCLEAN, KEITH G.	1.2 NAME	
STREET ADDRESS	212 WOODHALL	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MULBERRY FL	1.4 CITY-STATE-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	FILOSI, VINCENT	2.2 NAME	
STREET ADDRESS	940 ALLEGRO LANE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	APOLLO BCH. FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NESBITT, WILLIAM	3.2 NAME	
STREET ADDRESS	55-5225 IMPERIAL LKS. BL	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MULBERRY FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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 person or persons who are authorized 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 on an attachment with this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

941-646-2255

Date

Daytime Phone #

CR2E034 (12/95)