

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J40940 (5)
1. Corporation Name
HYTORK CONTROLS, INC.

Principal Place of Business 9009 KING PALM DRIVE TAMPA FL 33619	Mailing Address 9009 KING PALM DRIVE TAMPA FL 33619
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1986	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2792478	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25		30		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent MURPHY, RONALD T. 4740 CLEVELAND HEIGHTS BLVD. PO BOX 5955 LAKELAND FL 33813		10. Name and Address of New Registered Agent	
		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL	33813

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	1301 Alhambra DR
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	Apollo Beach FL 33572
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	FILOSI, VINCENT	2.2 NAME	
STREET ADDRESS	940 ALLEGRO LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH. FL	2.4 CITY-ST-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	4135 Creekwood Lane
CITY-ST-ZIP	MULBERRY FL	3.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
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 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 on an attachment with a new address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/98

(813) 630-2255

CR2E034 (10/97)