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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K90283

1. Corporation Name

CCI CONTROLS, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90009 029 ***150.00



21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 City & State City & State Zip Country Not Appt Sin Addition Fee Require Fee Require St. 00 May Added to Fee Require Trust Fund Contribution Added to Fee Require Fee Require Fe	Required May Be
ORLANDO FL 32803-9569 ORLANDO FL 32803-9569 ORLANDO FL 32803-9569 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/22/1989 4. FEI Number 59-2962817 Not Applied 59-2962817 Suite, Apt. #, etc. 22 City & State City & State City & State City & State 28 City & State City & State 28 City & State City & State 29 Country 29 Country 29 Country 30 Country 4. FEI Number 59-2962817 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Require	Not Applicable Additional Required May Be d to Fees
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3. Date Incorporated or Qualifed 05/22/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2962817 Not Applied 59-2962817 Suite, Apt. #, etc. 27 Suite, Apt. #, e	Not Applicable Additional Required May Be d to Fees
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Description of Status Desired Status Desired Fee Require Trust Fund Contribution Added to Fee Require Personal Property Tax. 2. City & State 3. City & State 3. City & State 4. FEI Number 5. Certificate of Status Desired Fee Require Fee Require Registered Agent 5. Certificate of Status Desired Fee Require Fee Require Fee Require Registered Agent 6. Election Campaign Financing Trust Fund Contribution Added to Fee Require Personal Property Tax. 2. City & State Fee Require Fee	Not Applicable Additional Required May Be d to Fees
22. Mailing Address 2a. Mailing Address 59-2962817 Applied 59-2962817 Not Applied 59-2962817 Not Applied 59-2962817 Not Applied 59-2962817 Not Applied 59-2962817 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 2	Not Applicable Additional Required May Be d to Fees
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Suite, Apt. #, etc. 22 City & State City & State Zip Country S. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Added to Fee 8. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. Sign Name and Address of New Registered Agent 10. Name and Address of New Registered Agent	Additional Required May Be d to Fees
Solution Country Cou	Required May Be d to Fees
City & State Country Country State State Country State State Country State	d to Fees
Trust Fund Contribution Added to Fee Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No. 9. Name and Address of Current Registered Agent 81 Name	d to Fees
Zip Country Zip Country 24 25 29 30 Personal Property Tax. Yes Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name	□No
24 25 29 30 Personal Property Tax. Yes No. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
81 Name	
ON IONIET MICHAELE	I
SIMONET, WILLIAM	
400 N FERNCREEK AVE 82 Street Address (P.O. Box Number is Not Acceptable)	i
ORLANDO FL 32803	
FL 85 Zip Code	p Code
	ite registered
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 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 register	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 reinstating)	TOPE IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
Time PD Botton India	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME TURNER, SCOTT G. 12 NAME	
STREET ADDRESS 1013 E MONTANA ST 1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 1.4 CITY-ST-ZIP	
TITLE VPD DELETE 2.1 TITLE Change	e
NAME TURNER, MARCUS B. 22 NAME	
STREET ADDRESS 1013 E MONTANA ST 2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 2.4 CITY-ST-ZIP	
TITLE STD DELETE 3,1 TITLE	e 🔲 Addition
NAME TURNER, SCOTT G. 32 NAME	ì
STREET ADDRESS 1013 E MONTANA ST 3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 3.4. CITY-ST-ZIP	
VIII-01:411	
	e 🔲 Addition

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 or an attachaptent with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4,4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

1013 E MONTANA ST.

ORLANDO FL

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

DELETE

DELETE

☐ Addition

Addition

☐ Change

Change