

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:48

DOCUMENT # L81710 (0)

1. Corporation Name

ELECTRIC SYSTEMS AND CONTROLS, INC.

Principal Place of Business

% NORMAN L. DAVIS
13604 SW 77TH LN
MIAMI FL 33183

Mailing Address

% NORMAN L. DAVIS
13604 SW 77TH LN
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/18/1990

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0198088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1275 South Patrick Dr.

26 1275 South Patrick Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite L

27 Suite L

City & State

City & State

23 Satellite Bch. Fl.

28 Satellite Bch. Fl.

Zip

Country

Zip

Country

24 32937

25 Brevard

29 32937

30 Brevard

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, NORMAN L.
13604 SW 77TH LN
MIAMI FL 33183

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 (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DAVIS, NORMAN L.
STREET ADDRESS	13604 SW 77TH LN
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DAVIS, NANCY T.
STREET ADDRESS	13604 SW 77TH LN
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	697 Spring Lake Dr.
1.4 CITY - ST - ZIP	Melbourne, Fl. 32940
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	697 Spring Lake Dr.
2.4 CITY - ST - ZIP	Melbourne, Fl. 32940
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-95

407-777-7668

Date

Daytime Phone