

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P38619 (3)

1. Corporation Name

SONITROL OF MOBILE, INC.

**APPROVED
AND
FILED**

95 JUL -6 AM 8:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**13 UPHAM STREET
MOBILE AL 36607**

Mailing Address

**13 UPHAM STREET
MOBILE AL 36607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1992

3a. Date of Last Report

11/28/1994

4. FCI Number

63-0724319

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**

7. Does corporation have liability for nonpayment of taxes under Ch. 192-002,

Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt., etc.

Suite, Apt., etc.

22

27

City & State

City & State

23

28

24

29

County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DZWONKOWSKI, JOSEPH J
200 EAST GOVERNMENT
STE 150
PENSACOLA FL 32501**

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 607.1504, 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 Sections 607.0505, Florida Statutes.

SIGNATURE

Signature must be printed name of registered agent and the President of

the corporation. Registered Agent signature is required when reappointing.

Date

12. OFFICERS AND DIRECTORS

101
NAME
STREET ADDRESS
CITY, ST., ZIP

**P
DZWONKOWSKI, JOSEPH H SR
16787 PERDIDO KEY DRIVE
PENSACOLA FL**

102
NAME
STREET ADDRESS
CITY, ST., ZIP

**ST
DZWONKOWSKI, ROBERT V.
RT 1 WALL LAKE
FERGUS FALLS MN**

103
NAME
STREET ADDRESS
CITY, ST., ZIP

**V
SZWONKOWSKI, JOSEPH H JR
539 E. ZARRAGOSA ST., #7
PENSACOLA FL 32508**

104
NAME
STREET ADDRESS
CITY, ST., ZIP

105
NAME
STREET ADDRESS
CITY, ST., ZIP

106
NAME
STREET ADDRESS
CITY, ST., ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

111 NAME
112 NAME
113 STREET ADDRESS
114 CITY, ST., ZIP

☐ Change ☐ Addition

115 NAME
116 NAME
117 STREET ADDRESS
118 CITY, ST., ZIP

☐ Change ☐ Addition

119 NAME
120 NAME
121 STREET ADDRESS
122 CITY, ST., ZIP

☐ Change ☐ Addition

123 NAME
124 NAME
125 STREET ADDRESS
126 CITY, ST., ZIP

☐ Change ☐ Addition

127 NAME
128 NAME
129 STREET ADDRESS
130 CITY, ST., ZIP

☐ Change ☐ Addition

131 NAME
132 NAME
133 STREET ADDRESS
134 CITY, ST., ZIP

☐ Change ☐ Addition

14. I, the Secretary, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished 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 or person empowered to execute that report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing and I expect, or can reasonably expect, to receive compensation with respect to.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

JOSEPH H. DZWONKOWSKI, JR.

4/24/95

904-432-5090