

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000036706 (8)

1. Corporation Name

XCELLON CONTROL TECHNOLOGIES, INC.



Principal Place of Business

208 RAMSBURY COURT
LONGWOOD FL 32779

Mailing Address

208 RAMSBURY COURT
LONGWOOD FL 32779

3. Date Incorporated or Qualified
05/17/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 385 COMMERCE WAY

2a. Mailing Address

26 385 COMMERCE WAY

4. FEI Number

59-3188911

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 101

Suite, Apt. #, etc.

27 SUITE 101

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 LONGWOOD FL

City & State

28 LONGWOOD FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 32750

Country

25 USA

Zip

29 32750

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUHOLTZ, DONNA L
208 RAMSBURY COURT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BRANDON, GEORGE R
STREET ADDRESS 102 PACES BROOK S-10233
CITY-ST-ZIP COLUMBIA SC 29212 ☐ DELETE

TITLE D
NAME GEIS, TIMOTHY R
STREET ADDRESS 3752 SOUTHPOINTE DRIVE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME BRANDON, GEORGE R
1.3 STREET ADDRESS 135 GOVERNORS GRANT BLVD
1.4 CITY-ST-ZIP LEXINGTON, SC 29072

2.1 TITLE DIRECTOR ☒ Change ☐ Addition
2.2 NAME GEIS, TIMOTHY R.
2.3 STREET ADDRESS 881 TIMBERLAND TRAIL
2.4 CITY-ST-ZIP AUTUMONT SPRINGS, FL 32714

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

4/22/96 (407) 2608927

CR2E034 (12/95)