

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 # P93000036938 (7)

1. Corporation Name

CONTROL DESIGN ELECTRICAL CONTRACTORS, INC.



Principal Place of Business

6101 JET PORT INDUSTRIAL BLVD.
TAMPA FL 33688

Mailing Address

6101 JET PORT INDUSTRIAL BLVD.
TAMPA FL 33688

2. Principal Place of Business

21 7820 Professional Pl.

State Apt. #, etc.

22 # 2
City & State

23 Tampa, FL

Zip Country

24 33637

25 Hillsborough

2a. Mailing Address

26 P.O. Box 16519

State Apt. #, etc.

27
City & State

28 Tampa, FL

Zip Country

29 33687-6519 30 Hillsborough

9. Name and Address of Current Registered Agent

FERGUSON, MICHAEL E
6101 JET PORT INDUSTRIAL BLVD.
TAMPA FL 33688

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

04/17/1995

4. FET Number

59-3182459

Applied For

Not Applicable

5. Certificate of Status Deemed

☒

\$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

10. Name and Address of New Registered Agent

81 Name Ferguson, Michael E.

82 Street Address (P.O. Box Number is Not Acceptable)
7820 Professional Pl.

83 # 2

84 City Tampa

FL

85 Zip Code 33637

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 of the person changing the registered office or agent

Signature of the person changing the registered office or agent

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FERGUSON, MICHAEL E
STREET ADDRESS 6316 TURTLE CREEK BLVD.
CITY-STATE-ZIP TAMPA FL 33625

TITLE D ☒ DELETE

NAME FERGUSON, SINDY L
STREET ADDRESS 8020 CHEYENNE LANE
CITY-STATE-ZIP LAKELAND FL 33809

TITLE D ☒ DELETE

NAME SILVER, SAMUEL T III
STREET ADDRESS 5016 PURITAN CIRCLE
CITY-STATE-ZIP TAMPA FL 33617

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

NAME P/O Ferguson, Michael E.
STREET ADDRESS 910 River Rapids Ave.
CITY-STATE-ZIP Brandon, FL 33511

2. TITLE ☐ Change ☒ Addition

NAME V/O Ferguson, John Earl
STREET ADDRESS 8020 Cheyenne Ln.
CITY-STATE-ZIP Lakeland, FL 33809

3. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this form 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 form is a report on 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 registered agent 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 any statement with an address.

SIGNATURE:

Michael E. Ferguson PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

813-899-9346

4-6-96

CR2E034 (12/95)