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

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

PO BOX 16519 TAMPA FL 33687-6519

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

7820 PROFESSIONAL PL #2

2. Principal Paint of Business

Stifte, Apt. #, etc

City & State

**TAMPA FL 33637** 

21

22

DOCUMENT # **P93000036938 (7)** 

CONTROL DESIGN ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

Trust Fund Contribution Added to Fees 23 28  $Z_{10}$ Country Ziri Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name FERGUSON, MICHAEL E 7820 PROFESSIONAL PL 82 Street Address (P.O. Box Number is Not Acceptable) # 2 В3 **TAMPA FL 33637** Zip Code 84 City 85 11. Pursant to the previsions 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. Lam Limit at with, and accept the obligations of, Section 607,0505. Florida Statutes. Signator il gasar in prepist namic of region real agent multic i il applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6)DELETE Change 1.1 TITLE 1-11-FERGUSON, MICHAEL E DAME 1.2 NAME 910 RIVER RAPIDS AVE. STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL 33511** CIN-SUZIE 1.4 CHTY - ST - ZIP DELETE Change Andition TITLE 2.1 TITLE FERGUSON, JOHN EARL 2.2 NAME **8020 CHEYENNE LANE** 2.3 STREET ADDRESS S189 EMICRESS **LAKELAND FL 33809** 2 4 CITY - S1 - ZIP CHY 51 73 HHE DELETE 317171. Change Addition 3.2 NAME NAME SHEED ABOVE OF 3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4 1 1HLF

4 2 NAME 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP

51 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

5.4 CITY-ST-2IP

14. I do 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 in a sated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; 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

31.11 NAM.

1111

NAME

Title

MASS

City-SE-20

SHREET MODESNI 019-51-26

STEEL ALORESS

OTF-51-26

DELETE

DELETE

DELETE

FILED

Mar 24 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

04/05/1998

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

05/21/1993

4. FEI Number 59-3182459

Change

Change

Addition

Addition

Addition