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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036938 (7)

CONTROL DESIGN ELECTRICAL CONTRACTORS, INC.

			201111012	••••		-,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Principal Place of Business					Mailing Address							- L PROLINGEL LIO TORON EPREF OUEFR OUEFR OUEFR OUEFR OLEFO CEPTO ALPRO BLILLO LOUE E TUIDI LOU 1001
7820 PROFESSIONAL PL #2 TAMPA FL 33637					PO BOX 16519 TAMPA FL 33687-6519							DO NOT WRITE IN THIS SPACE
												3. Date Incorporated or Qualified
												05/21/1993
2. Principal Place of Business					2a. Malling Address							4. FEI Number Applied For
21					26							59-3182459 Not Applicable
Sulte, Apt. #, etc.					Suite, Apt. #, etc.							5. Certificate of Status Desired \$8.75 Additional Fee Required
22 City & State					City & State							
City & State					28							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Zio Country				Zip Cour			intry			8. This corporation owes or has paid the current year Intangible	
24	25			29	¬ ' — —			ĺ	Personal Property Tax due June 30. Yes			
g. Name and Address of Current F											10. Name and Address of New Registered Agent	
FEF	RGUSON, I	MICHAE	LE			•	•		B1	Name		
7820 PROFESSIONAL PL.								82	Street	Addre	ass (P.O. Box Number is Not Acceptable)	
# 2												
TAMPA FL 33637									83			
					1				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 chaffice 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 appoint agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.											oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Ci-ani - a a a a	f as prolad	name of received	nant and ti	ilo il ar	anlicable.	(NOT	F: Bagistera	d Age	nt signature	requirer	ed when reinstating) DATE
Signature typed or printed name of registered agent 12. OFFICERS AND									o Allo	ork algreature	requiec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD					☐ DE	LETE	1.1 TI	TLE			☐ Change ☐ Addition
NAME	FERGUS	SON. M	ICHAEL E					1.2 N.	AME			
STREET ADDRESS					1.3 S ⁷			TREET	ADDRESS			
CiTY-ST-ZIP	BRANDON FL 33511				1.4 CI			ITY-S	T-ZIP			
TITLE	VD		DELETE 2.1 TO			TLE			☐ Change ☐ Addition			
NAME	FERGUS	SON, J	OHN EARL					2.2 N	AME			
STREET ADDRESS	8020 CHEYENNE LANE				2.3 \$1			TREET	ADDRESS			
CITY-ST-ZIP	LAKELA	ND FL	33809					2.40	ITY-S	ST - ZIP		
TITLE						☐ DE	LETE	3.1 TI				Change Addition
NAME								3.2 N	AME			
STREET ADDRESS								3.3 S	TREET	ADDRESS	l	
CITY-ST-ZIP							rtr			ST-ZIP	<u> </u>	Change Addition
TITLE						□ DE	LLIL	4.1 11				ET Claride T Modition
NAME								4, 2 N				
STREET ADDRESS										ADDRESS		
CITY-ST-ZIP						D DE	CTC	_		T-ZIP		Change Addition
TITLE						انا رے	LLIE	5.1 TI				
NAME								5.2 N		400050C		
STREET ADDRESS								5.3 S	IREET	ADDRESS	I	

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

DELETE

14. Thereby 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 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 in an attachment with an address.

Addition