

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000081172 (7)

1. Corporation Name
SUN STATE CONTROLS, INC.

Principal Place of Business

~~RT-2 BOX 102-H~~
CHIPLEY FL 32428

Mailing Address

~~RT-2 BOX 102-H~~
CHIPLEY FL 32428-9578



2. Principal Place of Business

21 3120 Bonnett Pond Road
Suite, Apt. #, etc.

22 City & State

23 Chipley, FL

24 32428 Country

25 US

2a. Mailing Address

26 P.O. Box 160
Suite, Apt. #, etc.

27 City & State

28 Wausau, FL

29 32463 Country

30 US

3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3220487

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ODOM, RONALD C
~~RT-2 BOX 102-H~~
CHIPLEY FL 32428

3120 Bonnett Pond Road

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 type: (1) printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ODOM, RONALD C
~~RT-2 BOX 102-H N A~~ 3120 Bonnett Pond Rd
CHIPLEY FL 32428

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
ODOM, THADA Thada
~~RT-2 BOX 102-H N A~~ 3120 Bonnett Pond Rd.
CHIPLEY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
ADKISON, CARNETTE K
PO BOX 5 N A
VERNON FL 32462

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 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:

Carnette K Adkison 4-30-97 904-773-3701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)