

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90101 046 ***150.00

DOCUMENT # P94000024027

1. Corporation Name

COMMAND AND CONTROL TECHNOLOGIES CORPORATION

Principal Place of Business

1311 N HIGHWAY US 1
SUITE 129-Y
TITUSVILLE FL 32796
US

Mailing Address

1311 N HIGHWAY US 1
SUITE 129-Y
TITUSVILLE FL 32796
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1994

4. FEI Number

59-3232339

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SIMONS, PETER C
2800 FAWN LAKE BLVD
MIMS FL 32754

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 ☐ DELETE

TITLE VPT
NAME BROWN, KEVIN R
STREET ADDRESS 6126 SUNFLOWER DRIVE 5365 CANGRO ST
CITY-ST-ZIP COCOA FL 32927 COCOA, FL 32926

TITLE P
NAME SIMONS, PETER C.
STREET ADDRESS 2800 FAWN LAKE BLVD
CITY-ST-ZIP MIMS FL 32754

TITLE VPS
NAME DAVIS, RODNEY D
STREET ADDRESS 28 BOUGAINVILLEA DRIVE 28 BOUGAINVILLEA DR
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 5365 CANGRO STREET
1.4 CITY-ST-ZIP COCOA FLORIDA 32926

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS MIMS, FLORIDA 32754
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 28 BOUGAINVILLEA DRIVE
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/99

(407) 383-5282

CR2E034 (11/98)