

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026555 (0)

1. Corporation Name

CONTROL ELEVATOR SERVICES, INC.

Principal Place of Business

Mailing Address

SUITE 400 NORTH RING AVENUE
TARPON SPRING FL 34689

SUITE 400 NORTH RING AVENUE
TARPON SPRING FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/07/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3233988

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLIMIS, GEORGE N
30 NORTH RING AVENUE
SUITE 400
TARPON SPRINGS FL 34689

81 Name

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

83

84 City

FL

85 Zip Code

16 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SIMMS, DENISE
STREET ADDRESS SUITE 400, 30 NORTH RING AVENUE
CITY, ST, ZIP TARPON SPRINGS FL 34689

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

TITLE D
NAME SIMMS, ROBERT
STREET ADDRESS SUITE 400, 30 NORTH RING AVENUE
CITY, ST, ZIP TARPON SPRINGS FL 34689

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Denise Simms

DENISE SIMMS

4/26/95

813-849-9296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone