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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000078187

1. Corporation Name

COMPUTROL MANUFACTURING CORPORATION



Principal Place of Business

6464 126 AVE N #8
LARGO FL 33773
US

Mailing Address

6464 126 AVE N #8
LARGO FL 33773
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

4. FEI Number

59-3288083

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☒ No

2. Principal Place of Business

21 6290 147th Ave. N.

Suite, Apt. #, etc.

22

23 Clearwater, FL

24 33760 25 Pinellas

2a. Mailing Address

26 6290 147th Ave. N

Suite, Apt. #, etc.

27

28 Clearwater, FL

29 33760 30 Pinellas

9. Name and Address of Current Registered Agent

LOVELL, WILLIAM P
6464 126 AVE N #8
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name William P Lovell

82 Street Address (P.O. Box Number is Not Acceptable)
6290 147th Ave. N.

83

84 City Clearwater FL 85 Zip Code 33760

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 agent 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 William P Lovell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

TITLE PTS
NAME WILLIAM, LOVELL P.
STREET ADDRESS 4900 BRITTANY DR. S. #1809
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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: William P Lovell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 727 532 0878

Date

Daytime Phone #

CR2E034 (1/98)