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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078495 (6)

APPLIED	SYSTEMS & CONTROLS,	INC.								
Principal Plac	e of Business	Mailing Address				{	 		3 {]	
9144 W. COUNTY RD 476 BUSHNELL FL 33513 US		9144 W. COUNTY RD 476 BUSHNELL FL 33513 US								
						3. Date Incorporated or Qualified 10/24/1994		te of Last R 1/1996	eport	
2. Principal Place of Business 28. Mailing Add						4. FE! Number	03/0		plied for	
21		26			65-0528069 Not Applicable					
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional		
22		27			5. Certificate of Status Desired	b and	Fec Re	equired		
City & State		City & State			6. Election Campaign Financing		\$5.00			
23 Zip	Country		T (%)	intry	····	Trust Fund Contribution		Added I		
24	25	29	30	инсу		8. This corporation has liability for Florida Statutes	intangible Yes [. 199,032,	
24	9. Name and Address of Curre		13r1	ī		10. Name and Address of New R				
I AZL	JTA, JAMES M			81	Name					
9144 W. COUNTY RD. 476				82	Stroot Addr	dress (P.O. Box Number is Not Acceptable)				
	NELL FL 33513					ess (i .o. box Number is Not Accepts	iblej			
,			:	83						
				84	City			85 Zip i	Code	
					•		FL			
11. Pursuant office or r agent. I s	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was pations of, Section 607.0505, F	ites, the lat authorize Iorida Stat	bove d by tutes	 named corp the corporat 	poration submits this statement for the ion's board of directors. I hereby according to the control of the cont	purpose of ept the app	changing it pintment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered ag	AID	n nazada							
12.		ID DIRECTORS	11 Hargistones	а Аде	nt signature requi	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	RS IN 12	
TITLE	PD	DELETE 11 II		 TLE	<u>1</u>			Change	Addition	
NAME	LAZUTA, JAMES M			AME				-	(
STREET ADDRESS	9144 W. COUNTY RD. 476		1.3 \$1	1.3 STREET ADDRESS						
CITY-ST-ZIP	BUSHNELL FL	ELL FL		11Y-S	1 - ŽIP					
TITLE	STD	DELETE	2.1 11	ΙĹΕ				☐ Change	Addition	
NAME	LAZUTA, GAIL		22 N							
STREET ADDRESS			2.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	BUSHNELL FL		2.40	ITY - S	T-ZIP			T		
TITLE	DELETE 31		3 1 1	11E				Change	Addition	
NAME			3.2 Ŋ	AME						
STREET ADDRESS			3 3 \$1	IREFT	ADDRESS					
CITY-ST-ZIP		T Street		114-5	1-2(P					
TITLE	\$		4,1 1		ļ			L Change	Addition	
NAME			4. 2 N						ĺ	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 Q	11Y-S	1-7IP			☐ Change	Addition	
TITLE NAME	■		5.1 I) 5.2 N					T cusufe T vogition		
STREET ADDRESS					ADDRESS				Ī	
CITY-ST-ZIP				ikee i ITY- S1						
TITLE		DELETE	611					Change	Addition	
NAME		•	6.2 N							
STREET ADDRESS					ADDRESS					

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 direction of 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, of an attachment with an address.

568-2988

FILED

May 16 1997 8:00am

Secretary of State