

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**  
97 MAR 27 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Name chg. 2/2/97*

DOCUMENT # P96000074662 (3)

1. Corporation Name  
**GENERAL CONTROLS OF THE SOUTH, INC.**  
*General Controls, Inc.*

Principal Place of Business Mailing Address  
**330 WINSTON CREEK PARKWAY, SUITE D LAKELAND FL 33810** **330 WINSTON CREEK PARKWAY, SUITE D LAKELAND FL 33810-2856**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1051 Cephas Road		26 Suite, Apt. #, etc.		09/03/1996		na	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Clearwater FL		28 City & State		59-3400968		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
34625		30 Pinellas		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country		30 Country		6. Election Campaign Financing		Trust Fund Contribution	
Pinellas		FL		<input type="checkbox"/>		<input type="checkbox"/>	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34625		33810					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JENKINS, MICHAEL C 330 WINSTON CREEK PARKWAY, SUITE D LAKELAND FL 33810				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 *Michael C Jenkins, President* *Michael C Jenkins* 3/17/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	JENKINS, MICHAEL C	1.1 TITLE	and P	1.1 TITLE	Same	1.1 TITLE
NAME		330 WINSTON CREEK PARKWAY, SUITE D	1.2 NAME	Same	1.2 NAME	Same	1.2 NAME
STREET ADDRESS		LAKELAND FL 33810	1.3 STREET ADDRESS	Same	1.3 STREET ADDRESS	Same	1.3 STREET ADDRESS
CITY - ST - ZIP			1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP
TITLE			2.1 TITLE	T S	2.1 TITLE	Jenkins, Polly	2.1 TITLE
NAME			2.2 NAME	Jenkins, Polly	2.2 NAME	330 Winston Creek Parkway Suite D	2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS	330 Winston Creek Parkway Suite D	2.3 STREET ADDRESS	Lakeland FL 33810	2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP	Lakeland FL 33810	2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP
TITLE			3.1 TITLE	Jenkins, Don	3.1 TITLE	330 Winston Creek Parkway, Suite D	3.1 TITLE
NAME			3.2 NAME	330 Winston Creek Parkway, Suite D	3.2 NAME	Lakeland FL 33810	3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP
TITLE			4.1 TITLE		4.1 TITLE		4.1 TITLE
NAME			4.2 NAME		4.2 NAME		4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS		4.3 STREET ADDRESS	800002127648--2	4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	-03/28/97--01127--011	4.4 CITY - ST - ZIP
TITLE			5.1 TITLE		5.1 TITLE	***165.00 ***165.00	5.1 TITLE
NAME			5.2 NAME		5.2 NAME		5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE			6.1 TITLE		6.1 TITLE		6.1 TITLE
NAME			6.2 NAME		6.2 NAME		6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		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, unchanged, or on an attachment with an address.

SIGNATURE: *Michael C Jenkins* **REQUIRED** 3/17/97 94-683-0200  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)