1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000074662

1. Corporation Name

GENERAL CONTROLS, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90126 038 \*\*\*150.00

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CLEARWATER F		LAKELAND FL 33810-2856	30 WINSTON CREEK PARKWAY, SUITE D AKELAND FL 33810-2856								
V. CEANWAIGH I	V 54020	DUILDHAD I C 00010 2000	•			DO	NOT WRIT	E IN THIS	SPACE		
,						3. Date Incorporated or	Qualifed				
						09/03/1996		_	·		
2. Principal Pl	lace of Business	2a. Mailing Address			•	4. FEI Number				plied For	
21 LOSO	Kapp Drive	26 Same as	<u>s abo</u>	<u> ۷۷</u>	<u> </u>	<u>59-3400968</u>				t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status I	Desired		\$8.75 A		
22		27				UI COILIOGIC OI VICTOR			Fee Re	quired	
City & State	e	City & State				6. Election Campaign F	-	П	\$5.00	- 1	
23		Zip Country				Trust Fund Contribut			Added to	o Fees	
Zip Country					_	8. This corporation owes the current year Intangible					
24 337		29	30	<u>US</u>	<u> </u>	Personal Property Ta		<del></del>		□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address	of New R	egistered .	Agent		
1Phil	IZINO MICHAEL C			81 1	Name					Ì	
JENKINS, MICHAEL C				82 5	Street Addre	eet Address (P.O. Box Number is Not Acceptable)					
	WINSTON CREEK PARKWAY, S	OHE D		<u>L.L.</u> .							
LAKI	ELAND FL 33810			83		•				Ì	
				84 (				····	85 Zip C	Code	
	*				•			FL			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	bove-n	named corpo	oration submits this stateme	ent for the p	ourpose of	changing its	registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such Change was :	authorized	I DV the	e corporatio	n's board of directors. I hei	epy accept	t trie appoii	ilineni as reį	gistered	
-	in laminar with, and accept the oblige	20010 01, 00000 000000,								}	
										1	
SIGNATURE	Signature, typed or printed name of registered age	ont and little if applicable. (NOT	E: Registered	Agent sig	gnature required	when reinstating)		DATE			
SIGNATURE		nnt and title if applicable. (NOT	E: Registered	Agent sig	gnature required	when reinstating) ADDITIONS/CHANGE	S TO OFF				
		·			gnature required	when reinstating) ADDITIONS/CHANGE	S TO OFF		DIRECTO	RS IN 12	
12.	OFFICERS AN	ND DIRECTORS	13.	n.E	gnature required	when reinstating) ADDITIONS/CHANGE	TO OFF				
12.	OFFICERS AN	ND DIRECTORS	13. 1.1 TC 1.2 N/	n.E		when reinstating) ADDITIONS/CHANGE	TO OFF				
12. ITTLE NAME STREET ADDRESS	OFFICERS AN DP JENKINS, MICHAEL C	ND DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST	rle VME	DDRESS	when reinstating) ADDITIONS/CHANGE	S TO OFF			Addition	
12. TITLE NAME	OFFICERS AND OFFIC	ND DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST	TLE NME REET AD TY-ST-Z	DDRESS	when reinstating) ADDITIONS/CHANGE	TO OFF				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFIC	ND DIRECTORS  DELETE  VAY, SUITE D	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 Cf	TLE AME REET AD TY-ST-20	DDRESS	when reinstating) ADDITIONS/CHANGE	TO OFF		☐ Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP JENKINS, MICHAEL C 330 WINSTON CREEK PARKW LAKELAND FL 33810 TS JENKINS, POLLY	ND DIRECTORS  DELETE  VAY, SUITE D	13. 1.1 TT 12 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/	TLE TREET AD TY-ST-ZI TLE	DDRESS 3P	when reinstating) ADDITIONS/CHANGE	S TO OFF		☐ Change	Addition	
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DP JENKINS, MICHAEL C 330 WINSTON CREEK PARKW LAKELAND FL 33810 TS JENKINS, POLLY 330 WINSTON CREEK PARKW LAKELAND FL 33810 V JENKINS, DON 330 WINSTON CREEK PARKW LAKELAND FL 33810	AY, SUITE D  DELETE  VAY, SUITE D  DELETE  VAY, SUITE D  DELETE  VAY, SUITE D	13. 1.1 IT 1.2 N/ 1.3 ST 1.4 CI 2.1 IT 2.2 N/ 2.3 ST 2.4 C 3.1 IT 3.2 N/ 3.3 ST 3.4. C 4.1 IT 4.2 N/ 4.3 ST 4.4 CI 5.1 IT 5.2 N/ 5.3 S' 5.4 CI 6.1 IT 6.2 N/ 6.3 TI 6.2 N/ 6.2 N/ 6.2 N/ 6.2 N/ 6.3 TI 6.2 N/ 6.2 N/ 6.2 N/ 6.3 TI 6.2 N/ 6.2 N/ 6.3 TI 6.2 N/ 6.2 N/ 6.3 TI 6.3 TI 6.3 N/ 6.3 N/ 6.3 TI 6.3 N/ 6.3 N/ 6.3 TI 6.3 N/ 6.3 N/ 6.3 TI 6.3 N/ 6.3 N/ 6.3 TI 6.3 N/ 6.3 N/ 6.3 N/ 6.3 TI 6.3 N/	REET AD  TY-ST-ZI  TLE  MME  TREET AD  TITY-ST-ZI  TREET AD  TITY-ST-ZI  TREET AD  TY-ST-ZI  TLE  AME  TREET AD  TY-ST-ZI  TLE  TREET AD  TY-ST-ZI  TREET AD	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating) ADDITIONS/CHANGE	ES TO OFF		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	

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 of the repeiver 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

941-683-0200