

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90074 040 ***150.00

DOCUMENT # P96000074662

1: Entity Name

GENERAL CONTROLS, INC.

Principal Place of Business

1050 KAPP DRIVE
 CLEARWATER FL 33765

Mailing Address

~~330 WINSTON CREEK PARKWAY, SUITE D~~
 LAKELAND FL ~~33810-2856~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3400968

Applied For

Not Applicable

Zip

Country

USA - 33807

Zip

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, MICHAEL C
~~330 WINSTON CREEK PARKWAY, SUITE D~~
~~LAKELAND FL 33810~~

Name

Same

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

5446 Highlands Vista Circle

City

Lakeland

FL

Zip Code

33813

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael C. Jenkins

Michael C. Jenkins

4-30-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	JENKINS, MICHAEL C	330 WINSTON CREEK PARKWAY, SUITE D	LAKELAND FL 33810	<input type="checkbox"/>
TS	JENKINS, POLLY	330 WINSTON CREEK PARKWAY, SUITE D	LAKELAND FL 33810	<input type="checkbox"/>
V	JENKINS, DON	330 WINSTON CREEK PARKWAY, SUITE D	LAKELAND FL 33810	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5446 Highlands Vista Circle	Lakeland FL 33813	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		5446 Highlands Vista Circle	Lakeland FL 33813	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		630 Kirkswood Court	Lakeland FL 33813	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

863-683-0200

Daytime Phone #

CR2E034 19/991