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

**PROFIT CORPORATION** ANNUAL REPORT

1999

officer or director of the corporation of Block 12 or Block 13 if changed, or or

SIGNATURE AND TYPED OR PRIN

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P980000/80/3 1. Corporation Name

HOME AUTOMATION OF CENTRAL FLORIDA INC.

**FILED** May 13, 1999 8:00 am Secretary of State

05-13-1999 90028 020 \*\*\*150.00

# 11.

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Principal Place of Business	Mailing Address						
710 LK. FRANCIS DR.	1710 LK.	FRANCIS.	DR				
APOPKA APOPKA				DO NOT WRITE IN THIS SPACE			
•	7(1114)			3. Date Incorporated or Qualifed			
元, 32712	FL, 32	1/2		2/23/98			
. Principal Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
	26			59-3495896			t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc	<b>;</b> .		5. Certifcate of Status Desired		•	Additional equired
City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
	28			Trust Fund Contribution			to Fees
-Zip - — Country	Zip	Country 30	у	8. This corporation owes the curre Personal Property Tax.		ngible	~ <b>IZS</b> No
9. Name and Address of C		1301		10. Name and Address of New Re			
ROBERT JAGGER		81	Name				
	<b>&gt;</b>	82	Street Addr	ress (P.O. Box Number is Not Acceptab	رمار		
1710 EK FRANCIS	DK_	02	. Sueel Addr		ne)		
APOPKA		83	3				
		84	City			85 Zip (	Code
FL 32712		107	City		FL	as Zip	
<ol> <li>Pursuant to the provisions of Sections 60</li> </ol>	07.0502 and 607.1508, Florida S	statutes, the abov	e-named corp	poration submits this statement for the p	urpose of ch	nanging its	registered
office or registered agent, or both, in the	obligations of, Section 607.0505			on's board of directors. Thereby accept	the appoint	ment as re	yisiereu
agent. I am familiar with, and accept the							
Signature, typed or printed name of registe		(NOTE: Registered Age			DATE		
GNATURE Signature, typed or printed name of registe OFFICER	RS AND DIRECTORS	13.		ed when reinstating) ADDITIONS/CHANGES TO OFFE	CERS AND		
GNATURE  Signature, typed or printed name of registe  OFFICER  E  PRESIDENT	RS AND DIRECTORS	13. TE 1.1 TITLE	ont signature require		CERS AND	DIRECTO	
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with an address, with all other like empowered.

DINAME OF SIGNING OFFICER OR DIRECTOR