PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000099891

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90186 016 ***150.00

VEN CO	NTROLS, INC.								
Principal Place of Business Mailing Address									
27 NE 10TH AVE. 27 NE 10TH AVE.									
OCALA FL 34470 OCALA FL 34470									
						DO NOT WRIT	E IN THIS SP.	ACE	
						3. Date Incorporated or Qualifed 11/25/1998			
Principal Place of Business 2a. Mailing Address					_	4. FEI Number		Apr	olied For
21	26					59-3547262		Not	Applicable
	uite, Apt. #, etc. Suite, Apt. #, etc.				_	5. Certifcate of Status Desired	- 1	8.75 A	j.
22									quired
City & State City & State						6. Election Campaign Financing		\$5.00	
23	0	28	Countr			Trust Fund Contribution		Added to	rees
Zip	Country	Zip	_	ıy		 This corporation owes the currer Personal Property Tax. 			□No
24	9. Name and Address of Curre		<u>:0] </u>			10. Name and Address of New Ro			
	5. Name and Address of Odin	r regiotered Agent	8	1 N	lame				
FUTC	CH, R. WILLIAM		8:	1 0		ss (P.O. Box Number is Not Acceptate	ala)		
500 NE 8TH AVE.				2 3	street Addres	ss (P.O. Box Number is Not Acceptate	,		
OCALA FL 34470				3					
			8	4 C			8	5 Zip C	ode
_							FL		
office or I	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was aut	honzed D	v tne	amed corpor corporation	ation submits this statement for the p 's board of directors. I hereby accept	the appointme	ent as reg	jistered
SIGNATURE		NOTE D			nature required w	when rejectation	DATE		
12.	Signature, typed or printed name of registered a	ND DIRECTORS	13.	perii siyi	I IZICITE TOQUISOC W	ADDITIONS/CHANGES TO OFF		IRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE					Change	Addition
NAME	MARTIN, GERALD L		1.2 NAME	•					
	4494 SW 80TH AVE.		1.3 STRE	ET ADE	DRESS				
CITY-ST-ZIP	OCALA FL 34481		1.4 CITY-	ST-ZW	P				
TITLE			2.1 TITLE	2.1 TITLE		-		Change	☐ Addition
NAME	LOWE, ALLEN S 22		2.2 NAME	2.2 NAME					
STREET ADDRESS	27 NE 10TH AVE.		2.3 STRE	ET ADI	DRESS				
CITY-ST-ZIP	OCALA-FL-34470		2:4 CITY	-ST-ZI	P				
TITLE			3.1 TITLE	3.1 TITLE			<u>L</u>	Change	☐ Addition
NAME			3.2 NAME						}
STREET ADDRESS			3.3 STRE						
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE		P			Change	Addition
TITLE	<		4.1 IIILE		į		_	Citalia	
NAME	1		4. 2 NAW		DOLLE				1
STREET ADDRESS			4.3 STRE				•		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		<u> </u>			Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE	ET ADO	DRESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIF	P				
TITLE		DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME	≣					
STREET ADDRESS			6.3 STRE	ET ADE	DRESS				

6.4 CITY+ST-ZIP 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 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 if chanted, or on an attachment with an address, with all other like empowered.

SIGNATURE: