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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:44

DOCUMENT # **S36640** (8)

1. Corporation Name

CLASSIC CONTROLS, INC.

Principal Place of Business

5151 S. LAKELAND DRIVE, SUITE 4
LAKELAND FL 33813

Mailing Address

5151 S. LAKELAND DRIVE, SUITE 4
LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/05/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3052586** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

**ANDERSON, WILLIAM RAY
17 WOODCREST LANE
MULBERRY FL 33860**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and fee 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ANDERSON, WILLIAM R**
STREET ADDRESS **17 WOODCREST LANE**
CITY-ST-ZIP **MULBERRY FL**

TITLE **VP**
NAME **LEVINE, JIM**
STREET ADDRESS **13402 AQUILINE DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP**
NAME **WARREN, SHAWN P**
STREET ADDRESS **722 SAGEWOOD DR**
CITY-ST-ZIP **LAKELAND FL**

TITLE **S**
NAME **STEPHENS, WILLIAM R JR**
STREET ADDRESS **105 NW 8TH AVE**
CITY-ST-ZIP **MULBERRY FL**

TITLE **T**
NAME **ANDERSON, JANICE M**
STREET ADDRESS **17 WOODCREST LN**
CITY-ST-ZIP **MULBERRY FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William R. Stephens, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William R. Stephens, Jr.

1-30-95 813-644-3642

Date

Telephone Number