FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S52640 (7)

1. Corporation Name
ALLIED CONTROLS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1296 W. STATE ROAD 434~~ ALTAMONTE SPRINGS FL 32714 ~~US~~	PO BOX 915888 LONGWOOD FL 32791 US

3. Date Incorporated or Qualified: 05/09/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1275 BENNETT DRIVE
22 SUITE # 139
23 LONGWOOD, FLA.
24 32750 25 USA.

2a. Mailing Address
26
27
28
29 30

4. FEI Number: 59-3066664 ☐ 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

9. Name and Address of Current Registered Agent

LEONE, JAMES R
2170 WEST STATE ROAD 434
SUITE 418
LONGWOOD FL 32779

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: _____ DATE
Signature of new registered agent (NOTE: New Registered Agent signature required when designated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	11 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KATHLEEN A	12 NAME	
STREET ADDRESS	307 NEEDLES TRIAL	13 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	
TITLE	VDT	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MICHAEL G	22 NAME	
STREET ADDRESS	30 NEEDLES TRAIL	23 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, NORMAN G	32 NAME	
STREET ADDRESS	7515 S.W. 117TH ST.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 changed, or on an attachment with an address.

SIGNATURE: Kathleen A. Johnson Kathleen A. Johnson (407) 788-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President 4-20-95

0410528 FP