

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S56580** (1)

1. Corporation Name
CONTROL MANAGEMENT, INC.



Principal Place of Business: **1100 CLEVELAND ST. CLEARWATER FL 34615**
Mailing Address: **P.O. BOX 8043 CLEARWATER FL 34618**

3. Date Incorporated or Qualified: **05/29/1991**
3a. Date of Last Report: **06/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2189 Cleveland Street	26	59-3070015	Not Applicable
22 210	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Clearwater, FL	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 34625	25 USA	29	30
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAYER, G T		2189 Cleveland Street, Suite 210	
1100 CLEVELAND ST.,STE.1612		Clearwater	
CLEARWATER FL 34615		FL 34625	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIP S <input type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, G T	1.2 NAME	
STREET ADDRESS	1100 CLEVELAND ST.,STE. 1612	1.3 STREET ADDRESS	2189 Cleveland Street, Suite 210
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	DIP <input type="checkbox"/> DELETE	2.1 TITLE	DIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, H. T.	2.2 NAME	
STREET ADDRESS	1100 CLEVELAND ST.,STE.1612	2.3 STREET ADDRESS	2189 Cleveland Street, Suite 210
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **1/19/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **H.T. WEBB, JR.**

CR2E034 (12/95)