

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 # **S77215** (9)

1. Corporation Name

CONTROL DESIGN ENGINEERING, INC.



Principal Place of Business

**6101 JET PORT IND BLVD
P.O. BOX 271786
TAMPA FL 33634
US**

Mailing Address

**PO BOX 271786
TAMPA FL 33688-8786
US**

3. Date Incorporated or Qualified
09/03/1991

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3089046

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 **7820 Professional Place**

Suite, Apt. #, etc.

22 **Suite 2**

City & State

23 **Tampa**

Zip

24 **FL**

Country

25 **Hillsborough**

Zip

29 **33637**

Country

30 **USA**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

City & State

28

9. Name and Address of Current Registered Agent

**FERGUSON, MICHAEL E.
6101 JET PORT INDUSTRIAL BLVD
TAMPA FL 33634**

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 to fill applicable

Signature, typed or printed name of registered agent and to fill applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **FERGUSON, MICHAEL E**
STREET ADDRESS **910 RIVER RAPIDS**
CITY-ST-ZIP **BRANDON FL**

TITLE **V** ☐ DELETE
NAME **RIVERA, GINGER**
STREET ADDRESS **3109 SANTE WAY**
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

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 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, changed, or on an attachment with an address.

SIGNATURE:

Ginger Rivera

GINGER RIVERA

4/29/96 813-899-9240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)