

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa H. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:08

DOCUMENT # **V46878** (7)

1. Corporation Name:

EMBEDDED CONTROL TECHNOLOGIES COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**123 DELVALLE STREET
FLORIDANA BEACH FL 32951**

Mailing Address
**123 DELVALLE STREET
FLORIDANA BEACH FL 32951**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified
06/23/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3139432

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 unchangeable tax under 1981 USA,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DUELL, JOHN VINCENT
123 DELVALLE ST.
FLORIDANA BEACH FL 32951**

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 the 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 of Registered Agent or Registered Agent and the Corporation)

(Signature of Registered Agent or Registered Agent and the Corporation)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PC
DUELL, JOHN VINCENT
123 DELVALLE ST.
FLORIDANA BEACH FL**

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**V
BOKLAN, PAMEL J
123 DELVALLE ST.
FLORIDANA BEACH FL**

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.05, Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of the corporation or that I am a person who has been named in this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an addition block with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95