## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706978

(4)

## THE FLORIDA ELECTRONIC SALES AND SERVICE ASSOCIATION, INCORPORATED

Principal Plac	e of Business	Mailing Address				-{		
1409 GLENDALE RD JACKSONVILLE FL 32216		1409 GLENDALE RD JACKSONVILLE FL 32216-2834	l					
US		U\$				<b>.</b>		
		•			3. Date Incorporated or Qualified 03/13/1964	3a. Date of La 03/11/1	st Report 1 <b>996</b>	
2. Principal Place of Business		2a. Mailing Address				Applied For		
Suite, Apt. #, etc.		26				Not Applicable		
— <sub>1</sub>	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional	
City & State	e	City & State					Required	
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country	,	8. This corporation has liability for in	, Adv	·	
24	25	29 3	0			Yes No	n s. 199.032,	
	9. Name and Address of Currer				10. Name and Address of New Re	<u> </u>		
			81	Name				
WILLIAMS	S, BILLY F	82 Street Ac		Idress (P.O. Box Number is Not Acceptab	le)			
1409 GLENDALE RD				Oncorre	- The second of	, ioi		
JACKSONVILLE FL 32216			83				, , ,	
			84	City		85 2	ip Code	
44 Duray and	1. No	10 1047 4500 5: : 1 0: : 1				FL ° '		
office or r agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	oz and 617.1508, Florida Statutes of Florida. Such change was au ations of, Section 617.0503, Flori	, the above thorized by da Statute	e-nameo co / the corpo s.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing the depth of	g its registered as registered	
SIGNATURE .								
12.	Signature, typed or printed name of registered age			int signature re	quired when reinstating)	DATE		
TITLE	D OFFICERS AN	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT		
NAME	EUBANKS, JOHN	<u> </u>	1.7 TITLE			Cilan	he [TT] MODITION	
STREET ADORESS	5323-3 FIRESTONE RD			ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S					
TITLE	D	DELETE 21				☐ Chan	ge Addition	
NAME	BLUZE, MARGE		2.2 NAME				,-	
STREET ADDRESS	13836 WALSINGHAM RD		2.3 STREET	ADDRESS				
CITY - ST - ZIP	LARGO FL		2. 4 CITY-					
TITLE	P	DELETE 3.1 I				Chan	ge Addition	
NAME	SCOTT, LARRY		3.2 NAME					
STREET ADDRESS	507 S. LAKÉ PARKER DR.	3.3 \$		ADDRESS				
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-	ST-2IP				
TITLE	VP	☐ DELETE	4.1 TITLE			☐ Chan	ge 🔲 Addition	
NAME	PARKS, ANITA		4. 2 NAME					
STREET ADDRESS	3407 CARNS AVE		4.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		4.4 CITY - S	T-ZIP				
TITLE	Ţ	DELETE 5.1 TI				Chan	ge Addition	
NAME	WILLIAMS, BILLY		5.2 NAME					
STREET ADDRESS	1409 GLENDALE RD		5.3 STREET	ADDRESS				
CHTY-ST-ZIP	JACKSONVILLE FL		5.4 CITY - S	T-ZIP				
TITLE	D	DELETE	6.1 TITLE			☐ Chan	ge 🔲 Addition	
NAME	PARKS, JIM		62 NAME					
STREET ADDRESS	3407 CARNS AVE		63 STREET	ADDRESS				
CITY-ST-ZIP	orlando fl		6.4 CITY - S	T-ZIP				

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER 1/28/97

904 25-978

**FILED** 

Feb 05 1997 8:00am

Secretary of State