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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706978

1. Corporation Name

THE FLORIDA ELECTRONIC SALES AND SERVICE ASSOCIATION, INCORPORATED

155405 · 90075 · 42

Principal Place of Business	Mailing Address
1409 GLENDALE RD JACKSONVILLE FL 32216 US	1409 GLENDALE RD JACKSONVILLE FL 32216 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/13/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7406774 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, BILLY F
1409 GLENDALE RD
JACKSONVILLE FL 32216

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	FSP	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	LEFILES, EDDIE		1.2 NAME	BRUCE JARRETT	
STREET ADDRESS	2975 CHRISTINE ST		1.3 STREET ADDRESS	927 S. EDGEWOOD AVE.	
CITY-ST-ZIP	PENSCOLA FL 32906		1.4 CITY-ST-ZIP	JAX, FL. 32205	
TITLE	S	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BLUZE, MARGE		2.2 NAME	JOHN EUBANKS	
STREET ADDRESS	13836 WALSINGHAM RD		2.3 STREET ADDRESS	5323-3 FIRESTONE RD.	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	JAX, FL. 32210	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, LARRY		3.2 NAME		
STREET ADDRESS	507 S. LAKE PARKER DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PARKS, ANITA		4. 2 NAME		
STREET ADDRESS	3407 CARNS AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, BILLY		5.2 NAME		
STREET ADDRESS	1409 GLENDALE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PARKS, JIM		6.2 NAME		
STREET ADDRESS	3407 CARNS AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: BILLY F. WILLIAMS 2/6/99 904-725-9789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #