

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:26

DOCUMENT # 734864 (2)

1. Corporation Name

INTERNATIONAL FENCE INDUSTRY ASSOCIATION - CENTRAL FLORIDA CHAPTER, INC.

Principal Place of Business

Mailing Address

1900-34TH ST. SO
ST. PETERSBURG FL 33711

1900-34TH ST. SO
ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1976

3a. Date of Last Report

01/25/1994

4. FEI Number

59-1709535

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURTON, ELLEN
1900-34TH ST. SO
ST. PETERSBURG FL 33711

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ANKELMAN, PAT
STREET ADDRESS	4936 HWY 92 E
CITY-STATE-ZIP	LAKELAND FL
TITLE	VD
NAME	GAVAGHAN, JOHN
STREET ADDRESS	6500-49TH ST. NO.
CITY-STATE-ZIP	PINELLAS PARK FL
TITLE	SD
NAME	ANKELMAN, LYNN
STREET ADDRESS	4936 HWY 92 EAST
CITY-STATE-ZIP	LAKELAND FL
TITLE	TD
NAME	BURTON, ROBERT
STREET ADDRESS	1900-34TH ST, SO
CITY-STATE-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11315 S.R. 52
1.4 CITY-STATE-ZIP	Hudson, Florida 34669
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11315 S.R. 52
3.4 CITY-STATE-ZIP	Hudson, Florida 34669
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 118.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an acknowledgment.

SIGNATURE

Robert L. Burton
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3-16-95

813 321-1669

Date

Telephone / telex #

Signature of Agent

ROBERT L. BURTON