FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **739993** **(4)**

1. Corporation Name

GREATER ORLANDO CHAPTER OF THE CONSTRUCTION SPEC IFICATIONS INSITUTE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 940813 MAITLAND FL 32794	P.O. BOX 940813 MAITLAND FL 32794

3. Date Incorporated or Qualified: **08/24/1977**
3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
24 Zip: 32794-0813
25 Country: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
29 Zip: 32794-0813
30 Country: USA

4. FEI Number: **59-3036432** ☐ 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

9. **Name and Address of Current Registered Agent**

BALES, JAMES
341 N. MAITLAND AVE.
SUITE 130
MAITLAND FL 32751

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SINGER, IVOR 6966 VENTURE CIRCLE ORLANDO FL 32807	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT ANDREW RAY 1418 E KALEY ORLANDO, FL 32806	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RAY, ANDREW 1418 E. KALEY ORLANDO FL 32806	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP GUY LONG 800 SR 434, STE 2 ALTAMONTE SPRINGS, FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARNHART, JULIE 659 MAIN ST. ALTAMONTE SPRINGS FL 33701	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECT JOHN GOODMAN 120 INTERNATIONAL PARKWAY, STE 220 HEATHROW, FL 32746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KUHLE, STEVE 20 N. COBURN AVE ORLANDO FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T JAY COOPER 333 N KNOWLES AVE WINTER PARK, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, JAY 333 N. KNOWLES WINTER PARK FL 32789	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR PAUL BERTRAM 4522 CLARCONA - OCOEE RD ORLANDO, FL 32810-4106	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALES, JIM 341 N. MAITLAND AVE. STE. 130 MAITLAND FL 32751	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR PAUL CORRAD 8300 GRANADA BLVD ORLANDO, FL 32836-5321	☒ Change ☐ Addition

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ MR JAY COOPER 3/8/96 407-647-1706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #