

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

APPROVED
AND
FILED

95 APR 27 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742012 (8)

1. Corporation Name

ELECTRICAL WORKERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9500 KOGER BV STE 103
ST. PETERSBURG FL 33702-9433

9500 KOGER BV STE 103
ST. PETERSBURG FL 33702-9433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1978

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1849807

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 §. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMID, THOMAS W.
9500 KOGER BV STE 103
ST PETERSBURG FL 33702

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|----------------------|
| TITLE | DP |
| NAME | LOCICERO, ANTHONY |
| STREET ADDRESS | 601 G. FREMONT |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | DV |
| NAME | WOOTEN, BUD |
| STREET ADDRESS | 620-125TH AVE N |
| CITY - ST - ZIP | LARGO, FL 00000 |
| TITLE | D |
| NAME | WHITE, C.H. |
| STREET ADDRESS | 2027 2ND AVE. S. |
| CITY - ST - ZIP | ST PETERSBURG FL |
| TITLE | D |
| NAME | PULEO, PAUL |
| STREET ADDRESS | 4301 W SOUTH AVE |
| CITY - ST - ZIP | TAMPA, FL 00000 |
| TITLE | DT |
| NAME | POUCHER, G R |
| STREET ADDRESS | 3798 131ST AVE N |
| CITY - ST - ZIP | CLEARWATER, FL 00000 |
| TITLE | D |
| NAME | MILLER, DONALD F. |
| STREET ADDRESS | 602 OREGON AV |
| CITY - ST - ZIP | TAMPA FL |

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2515 E. Hanna |
| 1.4 CITY - ST - ZIP | Tampa FL 33610 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | } Delete |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - 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 110.07(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:

Anthony Locicero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Locicero

04/04/95

Date

(813) 577-7353

Chapter 617, Florida Statutes