

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
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DOCUMENT # 742012 (8)

1. Corporation Name
ELECTRICAL WORKERS ASSOCIATION, INC XX
INDEPENDENT ELECTRICAL CONTRACTORS - FWCC, INC.



Principal Place of Business 9500 KOGER BV STE 103 ST. PETERSBURG FL 33702-9433	Mailing Address 9500 KOGER BV STE 103 ST. PETERSBURG FL 33702-9433
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3. Date Incorporated or Qualified 03/16/1978	3a. Date of Last Report 04/27/1995
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 59-1849807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	400001857124
	-06/10/96--01025--031
84 City	***61.25 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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Locicero, Anthony <i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCICERO, ANTHONY	1.2 NAME	2515 E. Hanna
STREET ADDRESS	2515 E. HANNA	1.3 STREET ADDRESS	Tampa, FL
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOTEN, BUD	2.2 NAME	Wooten, G.H. "Bud"
STREET ADDRESS	620-125TH AVE N	2.3 STREET ADDRESS	620 - 125th Avenue N
CITY-ST-ZIP	LARGO, FL 00000	2.4 CITY-ST-ZIP	Largo, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PULEO, PAUL	3.2 NAME	Lightner, Jerry
STREET ADDRESS	4301 W SOUTH AVE	3.3 STREET ADDRESS	9500 Koger Blvd.
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POUCHER, G R	4.2 NAME	Doyle, P.H., Jr.
STREET ADDRESS	3798 131ST AVE N	4.3 STREET ADDRESS	9500 Koger Blvd.
CITY-ST-ZIP	CLEARWATER, FL 00000	4.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DONALD F.	5.2 NAME	Miller, Donald F.
STREET ADDRESS	602 OREGON AV	5.3 STREET ADDRESS	602 Oregon Ave
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Windemiller, Ed
STREET ADDRESS		6.3 STREET ADDRESS	7504 Pennsylvania Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sarasota, FL 34243

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: *Jerry Lightner* Date: **6/4/96** (813) 577-7353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)

Cl 6-10-96