

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742012 (8)
 1. Corporation Name
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

4. FEI Number
59-1849807

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State	27. City & State
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip	Country	28. Zip	Country
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7. Is this nonprofit corporation a homeowners association?
 Yes No

24. Zip	Country	29. Zip	Country
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DV
NAME	LOCICERO, ANTHONY	1.2 NAME	
STREET ADDRESS	2515 E. HANNA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	33610
TITLE	DV	2.1 TITLE	DST
NAME	WOOTEN, BUD	2.2 NAME	
STREET ADDRESS	6520 125TH AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 00000	2.4 CITY-ST-ZIP	34643
TITLE	D	3.1 TITLE	
NAME	PULEO, PAUL	3.2 NAME	
STREET ADDRESS	4301 W SOUTH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	33614
TITLE	DP	4.1 TITLE	
NAME	LIGHTNER, JERRY	4.2 NAME	
STREET ADDRESS	9500 KOGER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	4.4 CITY-ST-ZIP	
TITLE	DST	5.1 TITLE	D
NAME	MILLER, DONALD F.	5.2 NAME	LEEDY, CECIL
STREET ADDRESS	602 OREGON AV	5.3 STREET ADDRESS	1400 STATE RD 37 SOUTH
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	MULBERRY FL 33860
TITLE	D	6.1 TITLE	
NAME	WINDEMILLER, ED	6.2 NAME	
STREET ADDRESS	7504 PENNSYLVANIA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	6.4 CITY-ST-ZIP	

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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.

SIGNATURE: _____ **PRESIDENT 2/13/98 813 530-0077**

CR2E037 (10/97)