

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N01534 (9)**
1. Corporation Name
PRIVATE INDUSTRY COUNCIL OF CENTRAL FLORIDA, INC

95 FEB -9 AM 11:29

Principal Place of Business Mailing Address
3203 LAWTON ROAD SUITE 201 ORLANDO FL 32803-2935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/20/1984	3a. Date of Last Report 02/15/1994
4. FEI Number 59-1567552	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1200 W. COLONIAL DR.	2a. Mailing Address 26 1200 W. COLONIAL DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32804	Country 25
Zip 29 32804	Country 30

9. Name and Address of Current Registered Agent
**MCLEOD, JOHN S.
3203 LAWTON RD #201
ORLANDO FL 32803**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1200 WEST COLONIAL DRIVE 83 84 City ORLANDO	85 Zip Code FL 32804
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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 registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD COONEY, MICHAEL B. 200 E ROBINSON ST, 600 ORLANDO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELOACH, CAROL 2440 FOREST CLUB DRIVE ORLANDO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HESS, GREGORY L 250 S ORANGE AVE #600 ORLANDO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC GOMEZ, LUIS F 1500 S SEMORAN BLVD ORLANDO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REID, BETTY 445 WYMORE RD #220 WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PDC MILLS, LARRY G 12506 LAKE UNDERHILL ROAD ORLANDO, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VSC NORRIS, JIM 2906 17TH STREET ST. CLOUD, FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TD PARKER, STEVE 200 E LANDSTREET ROAD ORLANDO, FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D SNEAD, PAUL 400 W. ROBINSON STREET, SUITE 1129 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 address.

SIGNATURE: *Larry G. Mills* **Larry G. Mills** 24 Jan 1995 (407)826-7190
SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE (Typed Name)