

**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 # N01534 (9)

1. Corporation Name  
PRIVATE INDUSTRY COUNCIL OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address  
1200 W. Colonial Drive 1200 W. Colonial Drive  
Orlando, Florida 32804 Orlando, Florida 32804

3. Date Incorporated or Qualified 02/20/1984 3a. Date of Last Report 02/09/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1567552		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		X			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23		28		□			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30	□ Yes X No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCLEOD, JOHN S. 1200 WEST COLONIAL DRIVE ORLANDO, FL 32804				81 Name LAGOMARSINO, THOMAS S.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 WEST COLONIAL DRIVE			
				83			
				84 City ORLANDO			
				85 Zip Code FL 32804			

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 *Thomas S. Lagomarsino* Thomas S. Lagomarsino, Executive Director 03/08/96  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	□ DELETE		1.1 TITLE	□ Change □ Addition		
NAME	MILLS, LARRY G			1.2 NAME			
STREET ADDRESS	12506 LAKE UNDERHILL ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32825			1.4 CITY-ST-ZIP			
TITLE	VSC	□ DELETE		2.1 TITLE	□ Change □ Addition		
NAME	NORRIS, JIM			2.2 NAME			
STREET ADDRESS	2906 17TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD, FL 34769			2.4 CITY-ST-ZIP			
TITLE	TD	□ DELETE		3.1 TITLE	□ Change □ Addition		
NAME	PARKER, STEVE			3.2 NAME			
STREET ADDRESS	200 E. LANDSTREET ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32824			3.4 CITY-ST-ZIP			
TITLE	D	□ DELETE		4.1 TITLE	□ Change □ Addition		
NAME	SNEAD, PAUL			4.2 NAME			
STREET ADDRESS	400 W. ROBINSON STREET, STE. 129			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801			4.4 CITY-ST-ZIP			
TITLE		□ DELETE		5.1 TITLE	□ Change □ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		□ DELETE		6.1 TITLE	□ Change □ Addition		
NAME				6.2 NAME	800001750248		
STREET ADDRESS				6.3 STREET ADDRESS	-03/20/96--01002--001		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***70.00		

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 *Larry G. Mills* Larry G. Mills 12 March 1996 (407)826-7190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)

*Handwritten initials and date*