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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N03080 (1)

1. Corporation Name

FLORIDA CENTRAL WEST COAST CHAPTER OF THE SOUTHERN BUILDING CODE CONGRESS INTERNATIONAL, INCORPORATED

Principal Place of Business

Mailing Address

6081 64 AVE. N.
PINELLAS PARK FL 34665
US

6081 64TH AVE. N.
PINELLAS PARK FL 34665
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1984

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0204765

Applied For

Not Applicable

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 S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUSTAFSON, MICHAEL B
6081 64 AVE., N.
PINELLAS PARK FL 34665

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GUSTAFSON, MICHAEL
6081 64 AVE., N.
PINELLAS PARK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
President
300001403323
-02/10/95--01061--021
01111170.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
GULLO, DENNIS
737 LOUDEN ST.
DUNEDIN FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Vice President
01111170.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
GUSTAFSON, MICHAEL
6051 78TH AVE. N.
PINELLAS PARK FL 33466-5

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Secretary
Jerry Sparks
PO Box 2842
ST. PETE, FL 33731

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MICHAEL T. WICHMAN, SR.
305 1ST AVE SW
LARGO, FL 34640

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Treasurer
Michael Wichman
305 1ST AVE SW
LARGO, FL 34640

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
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)(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: Michael Gustafson CDO President, 1-16-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Name)