3-30-95 B-2789-XC

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

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DIVISION OF CORPORATIONS
95 MAR 30 AM 10:48

DOCUMENT # N22035 (2)

1. Corporation Name
FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, IN C.

Principal Place of Business	Mailing Address
%GARY L SUMMERS 8581 AVE. C. MCCOY ANNEX ORLANDO FL 32728-5033	%GARY L SUMMERS 8581 AVE. C. MCCOY ANNEX ORLANDO FL 32728-5033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1987
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2866435 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 8581 Ave. C
Suite, Apt. #, etc.: 22
City & State: 23 ORLANDO, FL.
Zip: 24 32827-5033 Country: 25 USA

2a. Mailing Address: 26 8581 Ave. C
Suite, Apt. #, etc.: 27
City & State: 28 ORLANDO, FL.
Zip: 29 32827-5033 Country: 30 USA

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

9. Name and Address of Current Registered Agent

SASSO, MICHAEL
1031 W. MORSE BLVD.
WINTER PK FL 32789

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 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 _____ DATE
Signature, type 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	P	11 TITLE	☐ Change ☐ Addition
NAME	SCHULZ, RICHARD A.	12 NAME	
STREET ADDRESS	127 SEMORAN COMMERCE PL	13 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, STEPHEN	22 NAME	
STREET ADDRESS	630 KISSIMMEE AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ADAMS, ROBERT	32 NAME	
STREET ADDRESS	1151 OCOEE/APOPKA RD.	33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	GONZALEZ, JESSIE	42 NAME	GONZALEZ, JESSE
STREET ADDRESS	405 DOUGLAS AVE STE 2505-7	43 STREET ADDRESS	410 NORTH ST., UNIT 130
CITY-ST-ZIP	ALTAMONTE SPGS FL	44 CITY-ST-ZIP	LONGWOOD, FL. 32750
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MOONEY, GARY	52 NAME	
STREET ADDRESS	430 WEST DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	BROUGHMAN, BOB	62 NAME	
STREET ADDRESS	7423 S. ORANGE AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 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 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: Stephen W Thompson STEPHEN W. THOMPSON 3-21-95 456-2335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031497