

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90008 018 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22035

1. Corporation Name

**FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, IN
C.**

Principal Place of Business

8581 AVENUE C
ORLANDO FL 32827
US

Mailing Address

8581 AVENUE C
ORLANDO FL 32827
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/13/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2866435	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SASSO, MICHAEL
320 N ORANGE AVENUE, STE 2700
ORLANDO FL 32801

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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	P ☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	SCHULZ, RICHARD A.	1.2 NAME	Riche, David
STREET ADDRESS	127 SEMORAN COMMERCE PL	1.3 STREET ADDRESS	3102 Overland Rd. Bldg. #4
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, STEPHEN	2.2 NAME	
STREET ADDRESS	630 KISSIMMEE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, ROBERT	3.2 NAME	
STREET ADDRESS	1428 E SEMORAN BLVD SUITE 120	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, JESSIE	4.2 NAME	
STREET ADDRESS	410 NORTH STREET UNIT 130	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	FREINER, MICHAEL	5.2 NAME	P
STREET ADDRESS	630 KISSIMMEE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL	5.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SHEETS, DAVID	6.2 NAME	
STREET ADDRESS	430 W DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	6.4 CITY-ST-ZIP	

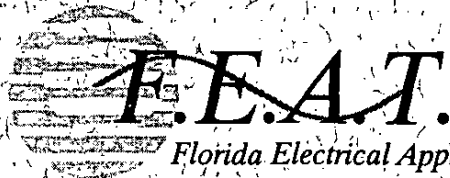
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/99 467-438-3328
Date Daytime Phone #

CR2E037 (5/99)



Florida Electrical Apprenticeship & Training, Inc.
8581 Avenue C, Orlando, Florida 32827-5033

(407) 438-3328
FAX (407) 438-8202

N 22035

616017 9008-18

Page 2 - Additional Officers

D.
Blair, J. R.
430 West Drive
Altamonte Springs, FL 32714

D.
Territo, Joe
441 W. Enterprise St.
Ocoee, FL 34761