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**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90017 018 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N46236**

1. Corporation Name  
**INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION,  
 SOUTH FLORIDA CHAPTER, INC.**

Principal Place of Business      Mailing Address  
**15665 MIAMI LAKEWAY, #302**      **15665 MIAMI LAKEWAY, #302**  
**MIAMI LAKES FL 33014-2131**      **MIAMI LAKES FL 33014-2131**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/02/1991
City & State	City & State	4. FEI Number
Zip	Zip	65-0434817
Country	Country	Applied For
25	29	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

**HOLSTEIN, ROBERT W**  
**15665 MIAMI LAKEWAY #302**  
**MIAMI LAKES FL 33014**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY B CHILDS III	1.2 NAME	P JOHN GAYMAN
STREET ADDRESS	13610 SW 142ND AVE	1.3 STREET ADDRESS	10465 SW 184 TERR
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED LOESCHE	2.2 NAME	S ALAN SIMS
STREET ADDRESS	8280 NW SOUTH RIVER DR	2.3 STREET ADDRESS	1089 SE 9TH COURT
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	HIALEAH FL 33010
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN SIMS	3.2 NAME	T JIM MORAN
STREET ADDRESS	1080 SE 9TH CRT	3.3 STREET ADDRESS	13288 SW 120 ST
CITY-ST-ZIP	HIALEAH FL 33010	3.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT W ANDREWS	4.2 NAME	D HARRY CHILDS III
STREET ADDRESS	12316 SW 117 CRT	4.3 STREET ADDRESS	13610 SW 142 AVE
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK HIGGINS	5.2 NAME	D JACK HIGGINS
STREET ADDRESS	6900 NE 4TH CRT	5.3 STREET ADDRESS	6900 NE 4 COURT
CITY-ST-ZIP	MIAMI FL 33138	5.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL SNELLING	6.2 NAME	D CALVIN SAMUELS
STREET ADDRESS	6187 NW 167TH ST #H-3	6.3 STREET ADDRESS	481 NE 189 ST.
CITY-ST-ZIP	MIAMI FL 33015	6.4 CITY-ST-ZIP	MIAMI FL 33179

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: JOHN GAYMAN 1/6/99 305/238-9781  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (11/98)