## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 711591

(8)

•	VORKERS LOCAL NO. 397		, INC				
Principal Place		Mailing Address					
10203 E HILLSBOROUGH AVE 10203 E HILLSBOROUGH PO BOX 18 PO BOX 18			SH AVE				
MANGO FL 33550-0018 MANGO FL 33550-0018							
					<ol> <li>Date Incorporated or Qualified 10/06/1966</li> </ol>	3a. Date of Last F 02/01/19	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-0481747	— — — — — — — — — — — — — — — — — — —	pplied For ot Applicable
Suite, Apt. #	⊭, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional equired
City & State	)	City & State			Election Campaign Financing	\$5.00	May Be
<u>1</u>	** 10 100 *****************************	28			Trust Fund Contribution	Added	to Fees
Zip J	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
1	25 9. Name and Address of Curren	t Registered Agent	30]		Florida Statutes  10. Name and Address of New Re		· ·
	g, realisting regions of content	r riogiototou rigorit		81 Name	10. Hamb and Address of Herr He	gistored Agent	
DEES, EC	DWARD D.		-	82 Street Ad	dress (P.O. Box Number is Not Acceptable	3	
1901 SPARKMAN RD.					(diess (r.o. box number is not Acceptable)		
PLANT C	ITY FL 33566			83			
				84 City		FL 85 Zip	Code
or registere	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Sect	da. Such change was authoriz	ed by the c	ve-named corporation's bo	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its re ntment as registered a	gistered office agent. I am
SIGNATURE _	Skjinature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered	Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TILE	PD DELETE		1.1 111	L <b>E</b>		Change	☐ Addition
NAME	Brown, Grady L. 125 W. Carter Rd.		1.2 NA				
SZEROCA LEBRIC	LAKELAND FL			REET ADDRESS			
TITE TITE	SD			Y-ST-ZIP		Change	Addition
IAME	DEES, EDWARD D.	<b>G</b>	2.2 NAME				
STHEET ADDRESS	1901 SPARKMAN RD			REET ADDRESS			
DITY-ST-ZIP	PLANT CITY FL		2. 4 CITY-ST-ZIP				
TLE	VD	☐ DELETE	3.1 TIT	LE		Change	Addition
IAME	WESTBROOK, MICHAEL F.		3.2 NA	ME			
STREET ADDRESS	RT. 1 BOX 167A		3.3 ST	REET ADDRESS			
ITY-ST-ZIP	LAKE PANASOFKEE FL	□ DC  ETC		TY-ST-ZIP		□ Channa	T Addition
ITLE IAME		DEFELE	4.1 TIT			Change	■ Addition
STREET ADDRESS			4. 2 NA 4.3 ST	REET ADDRESS			
CITY - ST - ZIP				Y-ST-ZIP			
ITLE		DELETE	5.1 TIT	· · · <del> · · · · · · · · · · · · · ·</del>		☐ Change	Addition
IAME			5.2 NA	ME			
TREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	<u> </u>		
TILE		DELETE	6 1 TIT			Change	Addition
IAME			6.2 NA				
STREET ADDRESS				REET ADDRESS			
IIY-SI-7IP	v certify that the information supplied	with this filing is voluntarily furn		Y-ST-ZIP	for the exemption stated in Section 119.0	7(3)(k). Florida Statute	s I furtiner
certify that oath; that I	the information indicated on this annu	ual report or supplemental ann ration or the receiver or truste	iual report is e empower	true and accu	rate and that my signature shall have the s his report as required by Chapter 617, Flor	ame legal effect as if r	made under

SIGNATURE:

2-15-96 813-623-1515
Data Destrine Proce #

CR2E037 (12/95)