NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 704675

1. Corporation Name

ELECTRICAL COUNCIL OF FLORIDA, INCORPORATED

Principal Place of Business 4509 GEORGE ROAD TAMPA FL 33634

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

Mailing Address

4509 GEORGE ROAD TAMPA FL 33634

2a. Making Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90136 018 ****70.00

~~~10 - 44

Applied For

\$8.75 Additional

Fee Required

PE AA ...

Not Applicable

X

Date Incorporated or Qualifed

5. Certificate of Status Desired

10/17/1962

59-1154660

FEI Number

| Zip                                                                                       | Country                                                                                                                                | ZIP                                                   | Country         | <u>y</u>             |                    |                                                                              |                           | ,\$3.00                      |                        |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------|----------------------|--------------------|------------------------------------------------------------------------------|---------------------------|------------------------------|------------------------|
| 24                                                                                        | 25                                                                                                                                     | 29                                                    | 10              |                      |                    | Trust Fund Contribution                                                      |                           | Added 0                      | o Fees                 |
| Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent |                                                                                                                                        |                                                       |                 |                      |                    |                                                                              |                           |                              |                        |
|                                                                                           |                                                                                                                                        |                                                       | 81              | Name                 |                    |                                                                              |                           |                              | į                      |
| GANG. N                                                                                   | 62                                                                                                                                     | B2 Street Address (P.O. Box Number is Not Acceptable) |                 |                      |                    |                                                                              |                           |                              |                        |
| 4509 GE                                                                                   | 1                                                                                                                                      |                                                       |                 |                      |                    |                                                                              |                           |                              |                        |
| TAMPA F                                                                                   | 83                                                                                                                                     |                                                       |                 |                      |                    |                                                                              |                           |                              |                        |
| IMMPKT                                                                                    | £ 33034                                                                                                                                |                                                       | 84              | City                 |                    |                                                                              |                           | 85 Zip (                     | ode                    |
|                                                                                           |                                                                                                                                        |                                                       | 1               | '                    |                    |                                                                              | FL                        |                              |                        |
|                                                                                           | t to the provisions of Sections 617.0502 a<br>registered agent, or both, in the State of<br>am femiliar with, and accept the obligatio |                                                       |                 |                      | corpora<br>corpora | tion submits this statement for the p<br>board of directors. I hereby accept | urpose of a<br>the appoin | changing its<br>itment as re | registered<br>gistered |
| SIGNATURE                                                                                 | Signature, typed or printed name of registered agent a                                                                                 | Registered Age                                        | ni pignoture re | quired wh            | en reinstaling)    | DATE                                                                         |                           |                              |                        |
| 12.                                                                                       |                                                                                                                                        |                                                       |                 | 13. ADDITIONS/CHANGE |                    |                                                                              | CERS AN                   |                              |                        |
| TILE                                                                                      | D                                                                                                                                      | DELETE                                                | 1.1 TITLE       |                      | PP                 | D                                                                            |                           | <b>∑</b> f€hange             | ☐ Addition             |
| NAME                                                                                      | GARRETT, GARY                                                                                                                          |                                                       | 1.2 NAME        |                      |                    |                                                                              |                           |                              | ,                      |
| STREET ADDRESS                                                                            | 1 5- 5-44 (44) (844)                                                                                                                   |                                                       | 1.3 STREE       | TADDRESS             |                    |                                                                              | •                         |                              |                        |
| CITY-ST-ZIP                                                                               | TAMPA FL                                                                                                                               |                                                       | 1.4 CITY - S    | T-23P                |                    |                                                                              |                           |                              |                        |
| TITLE                                                                                     | PPD                                                                                                                                    | DELETE                                                | 2.1 TITLE       |                      | •                  |                                                                              |                           | Change                       | Addition               |
| NAME                                                                                      | HUFFMAN, MIKE                                                                                                                          | *                                                     | 22 NAME         | - 1                  |                    |                                                                              |                           |                              | }                      |
| STREET ADDRESS                                                                            |                                                                                                                                        |                                                       | 2.1 STREE       | FADORESS             |                    |                                                                              |                           |                              |                        |
| CITY-ST-ZIP                                                                               | FT MYERS FL                                                                                                                            |                                                       | 2.4 CITY-5      | 57-23P               |                    |                                                                              |                           | <del></del>                  |                        |
| TITLE                                                                                     | PD                                                                                                                                     | ☐ DELETE                                              | 3.1 TITLE       | į                    | PP!                | >                                                                            |                           | Change                       | Addition               |
| NAME                                                                                      | APPLER, DAVE                                                                                                                           |                                                       | 32NAME          | - 1                  |                    |                                                                              |                           |                              | -                      |
| STREET ADDRESS                                                                            |                                                                                                                                        |                                                       | 3.3 STREE       | TADORESS             |                    |                                                                              |                           | *                            | }                      |
| CITY-ST-ZIP                                                                               | MIAMI FL                                                                                                                               |                                                       | 34. CITY-5      | T-ZIP                |                    |                                                                              | ·                         | E4                           | 77.1.4479              |
| TITLE                                                                                     | VD                                                                                                                                     | ☐ DELETE                                              | 4.1 TIFLE       | اك                   | PD                 | <del></del>                                                                  |                           | . Ki Change                  | Arkitikan              |
| NAME                                                                                      | HUNTOON, DAVE                                                                                                                          |                                                       | 4,2 NAME        | [                    |                    | •                                                                            |                           |                              | . (                    |
| STREET ADDRESS                                                                            | PO BOX 3666 (N/A)*                                                                                                                     |                                                       | 4.3 STREE       | ADDRESS              |                    |                                                                              |                           |                              |                        |
| CTY-ST-ZEP                                                                                | WEST PALM BEACH FL                                                                                                                     |                                                       | 44 CITY-5       | T- ZIP               |                    |                                                                              |                           | <u> </u>                     |                        |
| TITLE                                                                                     |                                                                                                                                        | DELETÉ                                                | 6.1 TITLE       | ŀ                    |                    | in the second second                                                         |                           | Change                       | Addition               |
| NAME                                                                                      | }                                                                                                                                      |                                                       | 52 NAME         |                      |                    |                                                                              |                           |                              | . }                    |
| STREET ADDRESS                                                                            |                                                                                                                                        |                                                       | 1               | FADDRESS             |                    |                                                                              | •                         | •                            | 1                      |
| CITY-ST-ZIP                                                                               |                                                                                                                                        |                                                       | 5.4 CTY+\$      | T-ZDP                |                    |                                                                              |                           | Change                       | Addition               |
| TILE                                                                                      |                                                                                                                                        | ☐ DELETE                                              | 6.1 TITLE       | 1                    |                    |                                                                              | •                         | ☐ Change                     | — Aadinon              |
| NAME                                                                                      | l                                                                                                                                      |                                                       | 6.2 NAME        | 1                    |                    |                                                                              |                           |                              | ı                      |
| STREET ADDRESS                                                                            |                                                                                                                                        |                                                       | 6.3 STREET      | ADDRESS              |                    |                                                                              |                           |                              | ļ                      |
| CITY-ST-ZIP                                                                               |                                                                                                                                        |                                                       | 6.4 CITY-5      |                      |                    |                                                                              |                           |                              |                        |
| <del></del>                                                                               |                                                                                                                                        |                                                       | h               |                      |                    | ion 110 (\7/2)/I) Elocida Statutan I fi                                      | other codi                | a, that the ir               | formation              |

14. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information in this annual report or supplemental annual report is true and eccurate 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

813-885-9605