

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 27 1996 8:00 am
Secretary of State

DOCUMENT # 700681 (0)
1. Corporation Name
FLORIDA GOLD COAST ELECTRICAL CONTRACTORS, INC.



Principal Place of Business Mailing Address
3990 N.W. 9TH AVE. 3990 N.W. 9TH AVE.
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified 03/28/1960 3a. Date of Last Report 03/15/1995
4. FEI Number 59-0872280 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 26 246 SW 33 Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28 Ft. Lauderdale, FL
Zip Country Zip Country
24 25 29 33315 30 Broward

9. Name and Address of Current Registered Agent

BARROW, WILLIAM A.
7700 N.W. 8TH ST.
PEMBROKE PINES FL 33024

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 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

T ☐ DELETE
NAME MILLS, DOUGLAS
STREET ADDRESS 810 S.W. 14TH ST.
CITY-ST-ZIP POMPANO BEACH FL 33060
D ☐ DELETE
NAME SCHNEIDER, C H
STREET ADDRESS 5633 N.W. 8TH ST.
CITY-ST-ZIP MARGATE FL
P ☐ DELETE
NAME BARROW, WILLIAM
STREET ADDRESS 7700 N.W. 8TH ST.
CITY-ST-ZIP PEMBROKE PINES FL
D ☐ DELETE
NAME JOSEPH, JAMES
STREET ADDRESS 421 N.W. 34TH ST.
CITY-ST-ZIP OAKLAND PARK FL 33309
D ☐ DELETE
NAME DURHAM, DEAN
STREET ADDRESS 4410 N.E. 6TH AVE.
CITY-ST-ZIP OAKLAND PARK FL 33334
V ☐ DELETE
NAME BELYEU, DAN
STREET ADDRESS 7200 GRIFFIN RD., #1
CITY-ST-ZIP DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 4700 SW 64 Ave
6.4 CITY-ST-ZIP Davie, FL

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (954) 764-0040
Date Daytime Phone #

CR2E037 (12/95)